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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: <u>ABTe</u>	CH CORPORATION
DOCUMENT NUMBE	r: <u>794</u>	0000 27 968
The enclosed Articles of	Amendment and fee are su	bmitted for filing.
Please return all correspo	ondence concerning this mat	iter to the following:
	EDion	Z FORIM Name of Contact Person
_	7224	$\frac{\mathcal{N}W}{\frac{56st}{\text{Address}}}$ Address City/ State and Zip Code
	MiAmi	- FL - 33166
·	_	SKYWAY CHRGO - COM sed for future annual report hotification)
For further information	concerning this matter, pleas	
Name of	Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) CS43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. l	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2601 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

201 JUL 26 ANTI: 48 currently filed with the Florida Dept. of State) . Free Free State 吴 · GIAS新疆。 EL OPI Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) _, Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change	····		
Add			
Remove			
4) Change	* *** ****		
Add			
Remove			
51 Change			
Add			
Remove			
•			
6) Change	<u></u>	-	
Add			
Remove			

<u>If ament</u> (Attach <i>a</i>	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary) — (Be soverfic)
is ame	nded item (a) of CLAUSULA II–NATURE OF BUSINESS, which is replaced by the following text:
(0)	The general nature of the business of this company shall be to import and export goods, equipment and other accessories, including medicines and material for medical, surgical, hospital and laboratory use, to all countries.
	
 -	
lf on a	mendment provides for an exchange, reclassification, or cancellation of issued shares.
provis	ions for implementing the amendment if not contained in the amendment itself: Fnot applicable, indicate N/A)
	<u> </u>

The date of each amendment(s) adoption:	_, if other than the
date this doctation was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more man 20 days after amenament) in anny	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	,
Dated <u>fult /26/2019</u> Signature	
31921a1D1C	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
EDSON / FORIN	
(Typed or printed name of person signing)	
PRCSiDent	
(Title of person signing)	