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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Conteam Clothing	lnc.	
DOCUMENT NUMBER			
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
Ga	abriel Conte		
		Name of Contact Person	
Co	onteum Clothing Inc.		
		Firm/ Company	
10	2 NE 2nd Street, #501		
		Address	
Вс	oca Raton, FL 33432		
		City/ State and Zip Code	
cla	audio@contemanagement.c	om	
_	E-mail address: (to be use	ed for future annual report i	notification)
For further information co	oncerning this matter, pleas	e call:	
Claudio Conte		954 at (673-5918
Name of C	Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

Conteam Clothing Inc.			
(<u>Name</u>	of Corporation as curre	ntly filed with the Florida Dept.	of State)
P18000044233			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, th	is Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation na	or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	102 NE 2nd Street, #501	
(Principal office address <u>MUST BE A S</u>		Boca Raton, FL 33432	2020 F
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	102 NE 2nd Street, #501	2 m	
		Boca Raton, FL 33432	و ج
			22
D. If amending the registered agent at new registered agent and/or the ne Name of New Registered Agent			e of the
trante of the Negistered Agem	102 NE 2nd Street, #501		
	(Florida .	street address)	
New Registered Office Address:	Boca Raton		Florida 33432
the state of the s		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		<u>nt:</u>	
	Signature of New	Registered Agent, if changing	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)	<u>Title</u>	<u>Name</u>	Address
1) X Change	D	Gabriel Conte	102 NE 2nd Street, #501
Add			Boca Raton, FL 33432
Remove			
2) X Change	<u>v</u>	Jessica Conte	102 NE 2nd Street, #501
Add			Boca Raton, FL 33432
Remove 3) Change			
Add			
Remove			
4) Change		_	<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>	er adding additional Articles, enter change(s) here: enal sheets, if necessary). (Be specific)	
provisions fo	ent provides for an exchange, reclassification, or cancellation of iss r implementing the amendment if not contained in the amendment plicable, indicate N/A)	ued shares, itself:
	- 1	
	···	

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The date of each amendment(s) addate this document was signed.	doption:, if other tha	n the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.	is the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
February 10	Oth., 2020	
Dated	1 4 1	
Signature	Actor Ct	
(By a di	rector, president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Gabriel Conte	
	(Typed or printed name of person signing)	
	D	
	(Title of person signing)	