Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H200004034413)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please.

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN SEGEN TRADE INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

" SHY

Electronic Filing Menu

Corporate Filing Menu

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

Articles of Amendment to Articles of Incorporation of

SEGEN TRADE INC			
(Name of Corporation	as currently filed with the	Florida Dept. of State)
P20000021541			
(Docume)	nt Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Floridu Profit C	Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corp	poration:		
			The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professional of	ncorporated" or the absorporation name mus	previation "Corp"
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ı		2028 Si
			NOV 23
	·	··	- 53 P
). If amending the registered agent and/or registered		enter the name of the	FE TION
new registered agent and/or the new registered of	fice address:		-0. t
Name of New Registered Agent		<u> </u>	
	(Floridi street address)		
New Registered Office Address:		, Florida_	
	(Cip)		(Zip Code)
ew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: mifamiliar with and accept i	the obligations of the po	sition.
Signatu	re of New Registered Agent,	if changing	,
	er of their sentiments attached	9 counging	
beck if applicable			

Tc: 18506176380

Page: 4 of 6

2020-11-23 16:56:30 GMT

13053284774 From: Yanet Avila

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 = ChiefExecutive 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 Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Cristian Steven Reinoso Barrera	7601 E Treasure Drive
XX Add			North Bay Village, FL 33141
Remove			
2) Change			***************************************
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			The state of the s

	al sheets, if necessary). (Be specific)			
	برسية <u>المستديدة والمتوادية والمتوادية والمتوادية والمتوادية والمتوادية والمتوادية والمتوادية والمتوادية والمتواد</u>				
			7-74-01-2-1-7		
	A	# #### = #############################			
F8 1411-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		rendre na rendre de l'Allen au l'		- The family of the special polynomial party of the set	· · · · · · · · · · · · · · · · · · ·
J = 1100 (12					
		- 11-NE-P-		1111	
	<u></u>				
		Lipparation and the state of th			
	··				
· · · · · · · · · · · · · · · · · · ·					
				······································	
If an amendme	nt provides for an ex	change, reclassifi	cation, or cancellation	on of issued shares,	
provisions for	licable, indicate N/A)	in reduction to have	oncamed in the diff	adillett asett.	
provisions for					
provisions for					*
provisions for					
provisions for					
provisions for					
provisions for					
provisions for					

	11/23/2020	
The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amondment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date nent of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) entifor approval.	
☐ The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the antendment(s):	
"The number of votes east for th	se amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
selected, by a	r, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court fuciary by that fiduciary)	
Valer	ia Reinoso Ban e ra	
	(Typed or printed name of person signing)	
p		
-1	(Title of person signing)	2 TT 6