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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PENIEL INC.			
DOCUMENT NUMB	ER: P00000115590			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
	BARCELLONA, VINCENT	E D		
-	<u> </u>	Name of Contact Persor	1	
	PENIEL INC.			
-		Firm/ Company		
	9382 NW 101 ST			
-	Address			
MEDLEY, FL 33178				
-		City/ State and Zip Code	D	
		eny state and sip coul	•	
daniel	@peniel.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MIRNA DIAZ		at (786	262-4853	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

20 JAN 31 AT 9: 52

Articles of Amendment to Articles of Incorporation of

PENIEL INC.

	ia Dept. of State)		
P00000115590			
(Document Number of Corporation (if know	n)	· -	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> its Articles of Incorporation:	ution adopts the follow	ving amend	ment(s) t
A. If amending name, enter the new name of the corporation:			
		The n	iew
name must be distinguishable and contain the word "corporation." "company," or "incorporation." or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation "professional association," or the abbreviation "P.A."	orated" or the abbrevio ation name must con	ation "Corp tain the we	o.," ord
B. Enter new principal office address, if applicable:			_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
			_
	· · · · · ·		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mailing dauress BIAT BE A FOST OF FICE BOX)			_
		·	-
			:
D. If amending the registered agent and/or registered office address in Florida, enter	the name of the	<u> </u>	4,
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
			1
(Florida street address)		<u> </u>	280 153
New Registered Office Address:	, Florida	() i	_ ===

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.

X_Change	<u>PT</u>	John Doe	
X Remove	$\overline{\Lambda}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CLAUDIO DE OLIVEIRA	5790 NW 113 PL
X Add			DORAL, FL 33178
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			,
Add			· · · · · · · · · · · · · · · · · · ·
Remove			·
6) Change			
Add			
Remove			

DD:	tach additional sheets, if necessary). (Be specifi	hange(s) here:	
	: CLAUDIO DE OLIVEIRA		
-			
			_
lfa	an amendment provides for an exchange, reclas	ssification, or cancellation of issued shares,	
pr	rovisions for implementing the amendment if ne	ot contained in the amendment itself:	
	(if not applicable, indicate N/A)		
			_

.

TI 1	01/01/2020	, if other than the
The date of each amendment(date this document was signed.	s) adoption:	, if other than the
_	01/01/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, to be Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amend re sufficient for approval.	iment(s)
	e approved by the shareholders through voting groups. The following state of the approved by the shareholders through 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		
	(voting group)	
☐ The amendment(s) is/are be	ing filed pursuant to s. 607.0120 (11) (e), F.S.	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without sharehold	er action and shareholder
01/27// Dated Signature	Blieble C	
sèl	valifiector, president or other officer – if directors or officers have not ected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	BARCELLONA, VINCENTE D	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	