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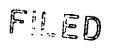
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALIMAC INVEST	TMENT CORP	.		
DOCUMENT NUMB					
The enclosed Articles of	f.Amendment and fee are su	abmitted for filing.			
Please return all corresp	condence concerning this ma	itter to the following:			
J	OSE R. FENTE				
_		Name of Contact Person	n		
2	ALIMAC INVESTMENT CORP				
-		Firm/ Company			
4	440 E 9TH ST				
-	Address				
j	HIALEAH FL 33010-4548				
_		City/ State and Zip Cod	e		
tri7337	@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, please	se call:			
JOSE R. FENTE		305 at (827-2212		
Name of	f Contact Person	at (305) 827-2212 Area Code & 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O. 1	ing Address idment Section ion of Corporations Box 6327 bassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ALIMAC INVESTMENT CORP

2019 HAY -9 PH 12: 54

(Name of Corporation as current	tly filed with the Florida Dept, of State)	
P03000060180	0F37.	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:	77]	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	440 E 9TH ST	
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL 33010-4548	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	440 E 9TH ST	
	HIALEAH FL 33010-4548	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		
(Florida st	treet address)	
New Registered Office Address:	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
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: \underline{X} Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
l) Change	P	JAAFAR, ALI II	2390 NW 7ST	
Add			STE 207	
X Remove			MIAMI, FL 33125	
2) Change	PSTD	JOSE R. FENTE	440 E 9TH ST	
X Add			111ALEAH FL 33010-4548	
Remove				
3) Change	ST	Jaafar, Hussein Ali	2390 NW 7ST	
Add			STE 207	
X Remove			MIAMI, FL 33125	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove			•	

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
	
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·	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
LI H. JAFAAR irrevocably transfer and c	ronvey the Shares to JOSE R. FENTE
presenting 100% of outstanding shares of	stock
	·

Thu data of sould	SEPTEMBER 22, 2017	
The date of each amendment(s) a date this document was signed.	idoption:	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will bepartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	5/6/19	
Signature	ga fut	
(By a	director president or other officer - if directors or officers have not been	_
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	JOSE R. FENTE	
	(Typed or printed name of person signing)	
	PSTD	
	(Title of person signing)	