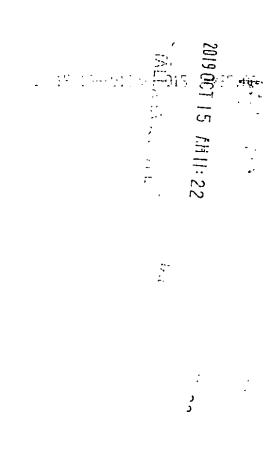
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COVER LETTER

TO: Amendment Section Division of Corporations

SAME OF CORPORA	rion: univers.	AL X RAYS CORP		
OCUMENT NUMBEI	P030	00062675		
he enclosed Articles of A	Amendment and fee are su	bmitted for filing.		
lease return all correspo	ndence concerning this ma	tter to the following:		
		SERGIO E MILO		
_		Name of Contact Person	n	
	ı	UNIVERSAL X RAYS CO	DRP	
		Firm/ Company		
		9324 NW 13TH ST, BAY	13	
	· <u> </u>	Address		
		DORAL FL 33172		
		City/ State and Zip Cod	c	
	SMILO	@UNIVERSALXRAYS.C	ОМ	
		sed for future annual report		
	oncerning this matter, please	se call:at (559-0003	
Name of C	Contact Person	Area Co	de & Daytime Telephone Number	
iclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□S43.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations	
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

UNIVERSAL X RAYS CORP

(Name of Corporatio		with the Florida Dept. o	of State)	
	P03000062675			
(Docume	ent Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Floride</i>	ı Profit Corporation ado _l	ots the following	ng amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	"Inc," or "Co".			
B. Enter new principal office address, if applicable:		9324 NW 13TH ST, BAY 13		
(Principal office address <u>MUST BE A STREET ADD</u>)		DORAL, FL 33172		
			7 .	2019
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	PO BOX 441082	:	51.130
		MIAMI, FL 33144	,	<u>></u>
			*	
				N
 If amending the registered agent and/or registered new registered agent and/or the new registered o 		Florida, enter the name	<u>of the</u>	
Name of New Registered Agent	SERGIO E MILO)		_
	9324 NW 13TH ST	, BAY 13		
	(Florida street addi	ress)		_
New Registered Office Address:	DORAL	, F	Florida33172	2
	(City)		(Zip	Code)
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered agent. I		d accept the obligations o	of the position.	
	(Sili)			
Signa	ture of New Register	ed 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.

X Change	<u>PT</u>	John Doc	
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	P,T	MAGALY NAVARRO	9324 NW 13TH ST, BAY 13
Add			DORAL FL 33172
Remove			
2) Change	V	MAGALY NAVARRO	9324 NW 13TH ST, BAY 13
X Add			DORAL FL 33172
Remove			
3) X Change	P,T	SERGIO E MILO	9324 NW 13TH, BAY 13
Add			DORAL FL 33172
Remove			
4) Change			
Add			**
Remove			
5) Change			
Add			
Remove		9	
6) Change			
Add			
Remove			

	ling or adding additional Art dditional sheets, if necessary).	(Be specific)			
		<u> </u>	<u> </u>		
	-				
		<u> </u>	<u> </u>		
				<u> </u>	
					<u></u>
					
	endment provides for an excl	hange, reclassifica	tion, or cancellatio	n of issued shares.	
f an am				dmont itself:	
provisio	ons for implementing the amo	endment if not con	<u>itained in the amen</u>	ament usen;	
provisio	ons for implementing the amount applicable, indicate N/A)	endment if not cor	itained in the amen	umem usen:	
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	10/07/2019	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
TOCO 41 1 4 10 11 11	12/01/2019	
Effective date if applicable:	(no more than 90 days after	amendment file date)
Note: If the date inserted in this document's effective date on the E		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of ufficient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting reach voting group entitled to vote separa	
	t for the amendment(s) was/were sufficient	for approval
by	(voting group)	
, <u> </u>	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareho	lder action and shareholder
10/0	7/2019	
Dated Signature	(5) fi	
(By a	director, president or other officer - if direc	
	ed, by an incorporator – if in the hands of a	receiver, trustee, or other court
аррог	nted fiduciary by that fiduciary)	
	SERGIO E MILO	
	(Typed or printed name of per	son signing)
	PRESIDENT	
	(Title of person si	ening)