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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: IMPEX TRADING	TECHNOLOG	Y, CORP	
DOCUMENT NUMBER				
The enclosed Articles of A	mendment and fee are sul	bmitted for filing	g.	
Please return all correspon	dence concerning this mat	tter to the follow	ring:	
GU	ILLERMO MARTINEZ,	СРА		
		Name of Con	ntact Persor	1
GU	ILLERMO MARTINEZ 8	& ASSOCIATE:	S, CPA PL	LC
		Firm/ Co	mpany	
106	61 NORTH KENDALL D	DRIVE SUITE 2	06A	
		Addr	ess	
Mb	AMI, FLORIDA 33176			
		City/ State an	nd Zip Code	2
GM	IARTINEZ@FLORIDAT.	AXADVISORS	.NET	
	E-mail address: (to be us	ed for future an	nual report	notification)
For further information co		-	·86	429-0420
GUILLERMO MARTINEZ Name of Contact Person		at (<u>'</u>		d. & Daving Talanhana Mambar
Enclosed is a check for the		payable to the F		de & Daytime Telephone Number artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filis Certified Co (Additional of enclosed)	ору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendn Division P.O. Bo:	Address nent Section of Corporations x 6327 (sec, FL 32314		Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment **Articles of Incorporation** of

IMPEX TRADING TECHNOLOGY CORP			
(Name of Corporation as curre	ntly filed with the Florida L	Dept. of State)	
P04000064493			
(Document Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporatio	n adopts the following amen	dment(s) to
A. If amending name, enter the new name of the corporation:			
		The	пем
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	A professional corporatio	ed" or the abbreviation "Cor	rp., "
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:			Ţ, .
(Mailing address MAY BE A POST OFFICE BOX)		·;	_ 4]
			-
		- -	—: :: · · · ·
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		name of the	•
Name of Nam Paristana Larant			
Name of New Registered Agent			
/Elmi I	ı street address)		
(г юния	i sirver uauress)		
New Registered Office Address:	/Cim	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent. I am famili		tions of the position.	
Signature of No.	w Registered Agent, if changi		
Signature of Nev	ы медіметей адені, і ј снин ді.	*5	
Check if applicable			
\Box The amendment(s) is/are being filed pursuant to s. 607.0120 (1	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.

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>	<u>Addres</u> s
1) Change	CFO	ADRIANA M FARIA	6030 NW 99TH AVE # 417
Add			DORAL, FL. 33178
X Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

. It amending or a (Attach additiona	adding additional Ar I sheets, if necessary).	ticles, enter chans . (Be specific)	<u>ze(s) here</u> :			
				<u>-</u>		
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		<u>. </u>				
provisions for	nt provides for an eximplementing the an icable, indicate N/A)	change, reclassific nendment if not co	eation, or cancel ontained in the a	lation of issued imendment itse	shares, f:	
N/A 						
						
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	MAY 13, 2020	
The date of each amendment(s) addate this document was signed.	option:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	bek does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
MAY 13, 20 Dated	020	
Signature	Luciel .	
(By a die selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_
j	OSE M DA ROCHA	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title of person signing)	