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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: COYDON Cable Inc. P07000015528 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juan Cordon
Name of Contact Person Cordon Cable Inc 11527 Blue Crone St Address Piverview, F1, 33569 City/ State and Zip Code Cor cable a ho+mail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (S13) 333-3417 Area Code & Daytime Telephone Number Juan Cordon
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Cordon Cable inc		_
(Name of Corporation as currently filed with the Florid	da Dept. of State)	
Po 7000015 5 28		_
(Document Number of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	'. A professional corporation name must	
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)		-
y -		- :
_		- :
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	14 00T-6
Name of New Registered Agent		14 FOR
(Florida street a	ddress)	4
New Registered Office Address:	, Florida	-
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with	ana accept the obligations of the position.	
Signature of New Registered Agen	at 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	<u>V</u> _	Juan P Cordon	11527 Blue Cranest Riveriview F1, 33569
2) Change Add Remove	<u>S</u>	Flor 14 cordon	11527 Blue Crone St Riverview F1, 33569
Change Add Remove	Р	Keuin S Cordon	115d7 Blue Crone St, Riverview F1, 33569
4) Change Add Remove			
5) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
6) Change Add Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an angular shares.
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: Septem ver 25, 2019 date this document was signed.	, if other than the
Effective date if applicable: September 25, 2014 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action and shareholder action was not required.	
Dated Septem ber 25, 2014 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Typed or printed name of person signing)	
President	
(Title of person signing)	