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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MIAMI BUSINESS SOLUTIONS, INC.

Account Number : I20170000045 Phone : (786)546-4490 Fax Number : (800)323-1074

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: elvando _ mian was à hatmail. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN EUFEMIS COMPUTER CORP

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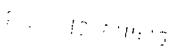
Help

COYER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	TON:EUFEM	IS COMPUTER	CORP	<u> </u>	
DOCUMENT NUMBER	L:	P070000218	09	<u> </u>	
The enclosed Articles of A	Imendment and fee are su	bmitted for filing			
Please return all correspon	idence concerning this ma	uer to the followi	ńg;		
	I	EDUARDO MÍR	ALLES		
	Name of Contact Person				
	MBS INC				
	Firm/ Company				
	1845 EAST WEST PKWY STE 9				
	Address				
	FLEMING ISLAND, FL 32003				
		City/ State and	Zip Code		
	EDUARDO	_MIRALLES@I	HOTMAIL.	СОМ	
	E-mail address: (to be us	ed for future anni	ial report no	tification)	
For further information co	ncerning this matter, pleas	se calt:			
EDUARDO I	MIRALLES	ni (786	54 6-449 0	
Name of Contact Person			Area Code	& Daytime Telephone Number	
Bnclosed is a check for the	following amount made p	payable to the Flo	rida Departn	nent of State:	
\$35 Filing Fee	□\$43.75 Filing Foo & Certificate of Status	S43.75 Filing Certified Cop (Additional co	у	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amenda Division P.O. Bo	Address nent Section of Corporations a 6327 see, FL 32314		The Cent 2415 N. 1		

Articles of Amendment to Articles of Incorporation of



•	•		
EUFEMIS COL	MPUTER CORP		
(Name of Corporation as current	ly filed with the Florida Dent. of State)		
P070000	21809		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t		
A. If amending name, enter the new name of the corporation:			
	The new		
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.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	1845 EAST WEST PKWY STE 9		
Principal office address MUST BE A STREET ADDRESS)	FLEMING ISLAND, FL 32003		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1845 EAST WEST PKWY STE 9		
	PLEMING ISLAND, PL 32003		
D. If amending the registered agent and/or registered office address new registered office address	iress in Piorida, enter the name of the		
NAME of Name Declared Asset			
Name of New Revistered Agent	/		
	roet address)		
	(City) (Zip Code)		

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to a. 607.0120 (11) (c), 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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; V \Rightarrow Vice President; T = Treasurer; S = Secretary; D \Rightarrow Director; TR = Trustee; C \Rightarrow Chairman or Clerk; CEO = Chief Executive Officer; CFO \Rightarrow Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	M	John Doe			
X Remove	¥	Mike Jones			
_X Add	<u>s</u> y	Sally Smith			
Type of Action (Check One)	Title	Natus	Address		
I) Change	VPTD	JORGE E VERNAZZA	10545 NW 29TH TERRACE		
Add			MIAMI, FL 33172		
Remove					
2) Change					
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	tonal sheets, if neces	ni Articles, enter ch sary). (Be specific)	•		
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an amend) royisiona j (if not a	ment provides for a for implementing th applicable, indicate A	in exchange, reclassi is amendment if not V/A)	ification, or cancell contained in the a	ation of based sh mendment itself:	ares,
					
		"-			
				,	
				,	

The date of each amendment(s) addate this document was signed.	option;	, if other than th
Effective date if applicable:		
·	(no more than 90 do)s after amendment file	r data)
Note: If the date inserted in this bidocument's effective date on the De	ook does not meet the applicable statutory filing requirement of State's records.	coments, this date will not be listed as the
Adoption of Amondment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	oted by the incorporators, or board of directors without a	hóreholder séilen:and shamholder
The amandment(s) was/were adopty the shareholders was/were suf	sted by the shareholders. The number of votes east for the following sport of the s	ho amond monu(s)
☐ The amendment(s) was/were approunts for separately provided for a	oved by the starcholders through voting groups. The for each voting group antified to vote expandely on the amon	llowing statement rdment(s):
The number of votes cast f	or the amendment(s) was/were sufficient for approval	
tiy		
<u> </u>	(voling group)	
Dated	R 15TH 2020	
Signature (By a dir	go profest or other officer - if directors or officers i	have not been
serocioa, appointe	by an shoot popular — If in the hands of a resciver, trusted fiducinry by that fiduciary)	s, or other court
_	JORGE E VERNAZZA	
_	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
_	(Title of person signing).	