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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EMINSA INTERN	ATIONAL CORP	
	ER: P08000025529		
	of Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
ì	MANUEL DE POOL		
-		Name of Contact Person	1
1	EMINSA INTERNATIONAL	L CORP	
-		Firm/ Company	
•	66 WEST FLAGER STREET	Γ, SUITE 900 #1182	
-		Address	
;	MIAMI, FL 33130		
•		City/ State and Zip Cod	
		·	
MDEI	POOL@EMINSA.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MANUEL DE POOL		at (560-7773
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	☐\$43,75 Filing Fee & Certificate of Status	☐\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	<u>*</u>
Ame Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton 2661 F	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

THE CORPORATION OF SHIP: 10

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. of State)			
P08000025529				
(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	ig 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 word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	bbreviation contain the		
B. Enter new principal office address, if applicable:	66 WEST FLAGLER STREET, SUIT 900 #1182			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130	····		
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	66 WEST FLAGLER STREET, SUIT 900 #1182			
	MIAMI, FL 33130	AU OF OR		
		2		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address.	dress in Florida, enter the name of the ost	HI Z		
		COSFURATIONS 6 PH12: 10		
want of new registered agent		- O C		
(Fibridas)	icet address)	-		
New Rogistered Office Address:	, Florida			
,	(City) (Zip	Code)		
Name of New Registered Agent	is est address)	PH12: 10		



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)

Example:

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

P = Fresident; V = Vice President; T = Treosure; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Evecutive 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>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	-		
Add			
Remove			
2) Change	****		
Add			Part a
Remove			
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5/ Change			
Add			
Remove			-
6) Change			
Add			
Remave			



ttach additional sheets, if no	tional Articles, enter economy). Be speci	fic)		
		<u></u>	-	-
-				·
		-		
				
	78		·	
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in amendment provides fo	or an exchange, reclas	sification, or cancel	lation of issued shares	1
ovisions for implementing (if not applicable, indica-	<u>z the amendment if no</u> te N/4)	ot contained in the a	mendment itself:	
	,			
				
 				
				
				
	<u>-</u>			
				· ·



The date of each amendment(s) ad	option: <u>08/15</u>	/19	, if other than	n th c
date this document was signed.	alicha			
Effective date <u>if applicable</u> : <u>Ø</u>	8/12/17	n 90 days after amendment	file dates	
	ing more ma	n zo ani s uper amenameni	me ame,	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the appartment of State's records	plicable statutory filing req	uirements, this date will not be listed a	s the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were ado by the shareholders was/were sul	oted by the shareholders. Therefore the shareholders of the shareholders.	The number of votes cast fo	the amendment(s)	
☐ The amendment(s) was/were appropriately provided for	roved by the shareholders to tack voting group entitled	through voting groups. The to vote separately on the ar	following statement nendment(s):	
"The number of votes cast I	or the amendment(s) was/v	were sufficient for approval		
by	(voting group)		o.	
	(voting group)			
The amendment(s) was/were adopaction was not required.	oted by the board of directo	ors without shareholder action	on and shareholder	
The amendment(s) was/were adoptaction was not required	eted by the incorporators w	rithout shareholder action ar	nd shareholder	
AUGUST 1	5th, 2019			
DatedSignature	Monufac	· Port		
(By a dii selected	ector, president or other of by an incorporator - if in d fiduciary by that fiducian	fficer - if directors or office the hands of a receiver, trus ry)	rs have not been tee, or other court	
ז	MANUEL DE POOL			
-	(Typed or printe	ed name of person signing)		
i	DIRECTOR PRESIDENT			
-	(Titl	le of person signing)		