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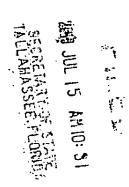
(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Produmarinos International The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 🕱 \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

	Articles of Incor	poration	. 7	THE COLUMN THE PROPERTY OF THE	£.*`
Produmarinos	TI Ja	act Prot			
		na corp	D	3, 0,	
·	orporation as currently t		(Dept. of State)	(A) 35	
400	<u>900006462</u>	.9		200	? <u>.</u>
	(Document Number of C	Corporation (if known)		852	9
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	o, Florida Statutes, this <i>Fl</i>	orida Profit Corporat	ion adopts the fol	lowing amendment(	(s) to
A. If amending name, enter the new name	of the corporation:				
				The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	r "Corp," "Inc," or "Ce	o". A professional co		the abbreviation	
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>					
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF					
D. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent		ss in Florida, enter th	e name of the		
<del></del>	(Florida stree	t address)		<del></del>	
New Revistered Office Address:			Florida		
New Registered Office Address.	(C	lių)	, 1 101104	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ging Registered Agent: agent. I am familiar wit	th and accept the oblig	zations of the pos	ition.	
	Signature of New Reg	gistered Agent, if chan	ging		

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.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)  1) Change Add	Title Name  Paraya Torres	Address 13445 NW 1251 Pembroke Pines
Remove  2) X Change Add	P, 5 Bodrigo Jayaf Bolcarar	Hialeah Fl
Remove 3) Change Add Remove	·	
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

TORE value does if our Brookley	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved 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	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	109/19
Signature X	irector, president of other officer -\if\tirectors or officers have not been
	l, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
	Bodrigo Jayaf Balcazar
	(Typed or printed name of person signing)
	President
	(Title of person signing)