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TO: Amendment Section Division of Corporations

%:

NAME OF CORPOR	ATION: VIAMONTECH I	NC.			
DOCUMENT NUMBER: P11000071583					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	LUIS ARMENDARIS				
		Name of Contact Persor	1		
	VIAMONTECH INC.				
		Firm/ Company			
	8333 NW 53RD STREET SU	JITE 450			
,		Address			
	DORAL FL 33166				
•	<u> </u>	City/ State and Zip Code	:		
LARM	MENDARIS@VIAMONTEC	H.COM			
	·	sed for future annual report	notification)		
	·	•	,		
For further information	concerning this matter, pleas	se call:			
LUIS ARMENDARIS		at (⁷⁸⁶	870-4571		
Name of Contact Person		at (786) 870-4571 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section of Corporations Building necutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

18 MAY 14 AM 10: 56

οf VIAMONTECH INC. (Name of Corporation as currently filed with the Florida Dept. of State) P11000071583 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 8333 NW 53RD STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE 450 DORAL FL 33166 C. Enter new mailing address, if applicable: 8333 NW 53RD STREET (Mailing address MAY BE A POST OFFICE BOX) SUITE DORAL FL 33166 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida_ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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	<u>pT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) X Change	PTSD	VIAMONTES, ABEL	8333 NW 53RD STREET	
Add			SUITE 450	
Remove			DORAL FL 33166	
2) X Change	COO	ACOSTA, JOHN ANDRES	8333 NW 53RD STREET	
Add			SUITE 450	
Remove			DORAL FL 33166	
X Change	S	ARMENDARIS, LUIS	8333 NW 53RD STREET	
Add			SUITE 450	
Remove			DORAL FL 33166	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		· <u></u>		
Add				
Remove				

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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate NA)		
		

The date of each amendment(s) adopt date this document was signed.	tion:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes east for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	el.
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated	15ABJERDAD	
selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	CFO . (Title of person signing)	
	(Title of person signing)	