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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:IRON METAL US	SA CORP		
DOCUMENT NUMB	ER: P11000095615			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		PAOLA J DIAZ		
-		Name of Contact Person	n	
	TRAMIT	ES DE INMIGRACION U	SA CORP	
-	-	Firm/ Company		
		18565 SW 104TH AVI	-	
-	Address			
		MIAMI FL 33157		
-		City/ State and Zip Cod	e	
		tramitesusacorp@gmail.co	om	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
РАО	LA J DIAZ	786 at (7767152	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address adment Section		Address Iment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tailahassee, FL 32314

P.O. Box 6327

Articles of Amendment fo

Articles of Incorporation

of

IRON METAL USA CORP

(<u>Name o</u>	f Corporation as currently	filed with the Florida Dept. of State) 追 .
	P1100009	95615	
	(Document Number of C	Corporation (if known)	`,`.
Pursuant to the provisions of section 607.	1006. Florida Statutes, this Fi	lorida Profit Corporation adopts the f	ارت ollowing amendment(s
its Articles of Incorporation:	,		آخر ڊن
A. If amending name, enter the new na	me of the corporation:		٠ چ
N/A.			The new
name must be distinguishable and cons "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "Co	o". A professional corporation name	r the abbreviation
B. Enter new principal office address,	if applicables	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18565 SW 104TH AVE	
		MIAMI FL 33157	
D. If amending the registered agent an		ss in Florida, enter the name of the	
new registered agent and/or the nev	 -		
Name of New Registered Agent	PEDRO ELIAS MONTILL.	۸ 	
	18565 SW 104TH AVE		
	(Florida stree	et address)	
New Registered Office Address:	MIAMI	Florida :	33157
		City)	(Zip Code)
No. Decimend Assessed Signature 16 assessed	haveign Designand Amente		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of the po	sition.
	Λ Λ		
	Sangues of New Po	gistered 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 Doc 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 Doc, 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	$\underline{\mathbf{V}}$	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	PEDRO ELIAS MONTILLA	18565 SW 104TH AVE
X Add			MIAMI 1 FL 33157
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Article</u> (Attach additional sheets, if necessary).	(Be specific)	
/A		
		
	<u> </u>	
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If an amendment provides for an exch:	nge, reclassification, or cancellation of issued	charec
provisions for implementing the amen	dment if not contained in the amendment itsel	<u>5,1,2,1 e.s.,</u> f:
(if not applicable, indicate N/A)		<u></u>
A		
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The date of each amendment(s) adoption: $07/15/20/9$, if other than the
date this document was signed.	, it office that the
Effective date if applicable: 07/29/J0/9	
Effective date if applicable: U7 / S / (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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)	
(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 was not required.	
Dated $\frac{\partial 1/5/20/9}{\partial 1/5/20/9}$	
R-1 D1.12	
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)	
acted Soler	
(Typed or printed name of person signing)	
PUST	
(Title of person signing)	