Florida Depayimentoù Sute Division of Corporations Electronie Filing Cover Shoet

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| | | | | 2021 |
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| | To: | | 324 T 227 j | |
| | | Division of Corporations | · · · | |
| ~ | | Fax Number : (850)617-6380 | G A | 8 |
| O3 | | | în ⊂: Cu⊸ | بب |
| <u></u> | From: | | | <u> </u> |
| | | Account Name : JP GLOBAL BUSINESS | ري در ا | |
| A | - | Account Number : I20130000083 | 5 | Ċ |
| • | | Phone : (305)359-37 00 | 120 m | |
| ∞ | : ' | Fax Number : (786)217-1243 | - | |
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| | · · · · · · · · · · · · · · · · · · · | Abo and 3 address for all to the | | |
| | , , enter | inual report mailings. Enter only one email address please.** | | |
| 2021 JUN 1 | rí. *∲Enter | the email address for this business entity to be used for future | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN INFLALO INC.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

((H210002402883))

TO: Amendment Section Division of Corporations

| NAME OF CODD | RATION: INFLALO INC. | | | | | |
|-------------------------|---|--|--|--|--|--|
| | BER: P12000010077 | | | | | |
| DOCUMENT NUM | BER: | | | | | |
| The enclosed Article. | s of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corr- | espondence concerning this ma | tter to the following: | | | | |
| | SONIA BOTERO | | | | | |
| | i | Name of Contact Perso | n | | | |
| | JP GLOBAL BUSINESS SOLUTIONS INC | | | | | |
| | Firn Company | | | | | |
| | 1395 BRICKELL AVE STE | 1380 | | | | |
| | 1 | Address | | | | |
| | ,MIAMI FL 33131 | | | | | |
| | 1 | City/ State and Zip Coo | ie | | | |
| | MASTER@JPGBUSINESS. | СОМ | | | | |
| | | sed for future annual repor | t notification) | | | |
| | | | · inclined in the control of the con | | | |
| For further informati | on concerning this matter, pleas | se call: | | | | |
| RAFAEL A RAMIR | EZ | 305 at (| 359-3700 | | | |
| Name | of Contact Person | Area Co | ode & Daytime Telephone Number | | | |
| Enclosed is a check i | or the following amount made | payable to the Florida Dep | partment of State: | | | |
| \$35 Filing Fee . | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| An | Mailing Address Amendment Section | | Address dment Section | | | |
| | vision of Corporations | | on of Corporations | | | |
| | D. Box 6327 Nahassee, FL 32314 | | Centre of Tallahassee | | | |
| 14 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment (H21000 240288 3))
Articles of Incorporation

| INFLALO INC. | |
|---|--|
| (Name of Corporation as current) | v filed with the Florida Dept. of State) |
| P12000010077 | |
| (Document Number o | f 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," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | 1 professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | 20 |
| (Principal office address MUST BE A STREET ADDRESS) | ALL AHASS |
| | |
| | 2000 |
| | —————————————————————————————————————— |
| C. Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office add | ress in Florida, enter the name of the |
| new registered agent and/or the new registered office address | |
| No and March Product of Control | |
| Name of New Registered Agent | |
| | |
| (Florida str | eet address) |
| New Registered Office Address: | , Florida |
| · | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar is | Ewith and accept the obligations of the position. |
| | |
| | |
| Signature of New R | egistered Agent, if changing |
| Charle if applicable | |

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.

| X Change | <u>PT</u> | John Do | <u>e</u> | |
|-------------------------------|--------------------------|--------------|-------------------|-----------------|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jor | nes | |
| X Add | <u>sv</u> | Sally Sn | nith . | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | P | | ERNESTO A PACHECO | 6708 NW 82 AV |
| Add | | _ | | MIAMI, FL 33166 |
| X Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | | | |
| Adđ | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| δ) Change | | | | |
| Add | | | | |
| Remove | | | | |

| amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific) | (H210002402883)) |
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| in amendment provides for an exchange, reclassification, or c | ancellation of issued shares, |
| ovisions for implementing the amendment if not contained in (if not applicable, indicate N/A) | the amendment itself: |
| (y not approach, martine (n/n) | |
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| The date of each amendment(s) a | doption: | if other tha | n the |
|---|--|----------------------|----------------------|
| date this document was signed. | | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | | |
| Note: If the date inserted in this to document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will not epartment of State's records. | t be listed a | is the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| ☐ The amendment(s) was/were ad action was not required. | opted by the incorporators, or board of directors without shareholder action and sha | reholder | |
| The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. | | |
| The number of votes case by 06/18/202 Dated Signature (By select | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval (voting group) (voting group) director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) RAMIREZ GARCIA, RAFAEL A (Typed or printed name of person signing) | TALLAHASSEE, FLORIDA | 2821 JUN 18 AM 6: 41 |
| | (1 yped or printed name of person signing) VP | | |
| | | | |
| | (Title of person signing) | | |