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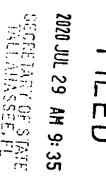
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: High Techno	logy Products & Con	itrol, Inc.		
DOCUMENT NUMBE	R: P12000029712				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
	-	Ramón R. Ojeda Arai	uio.		
_	1	Name of Contact Persor			
_		Firm/ Company			
	10		D4		
_	10108 Hartford Maroon Rd Address				
_	Orlando, FL 32827 City/ State and Zip Code				
_		info@gb-supply.com	<u>m</u>		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information of	concerning this matter, pleas	se call:			
Juan P. F	Rosales Moran	at (786	_, 403-7014		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 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)		
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Co	Address iment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation οf

High Technology P	roducts & Control, Inc.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P12000	029712
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	77
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	A.C. 26
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
	
Name of New Registered Agent	
r wriau s	treet address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
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

Check if applicable

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

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 = 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> <u>Jo</u>	<u>ohn Doe</u>	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	્ <u>ટ</u> ટર
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address Address Address
1) Change		Juan P. Rosales Moran	10108 Hartford Meroon Rd
X Add			Onando, FL; 32824
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)				
					
			 		
					
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				-	
an amendment provides for an exc	hange reclassificat	ion or cancellatic	in of icenad charac		
provisions for implementing the am (if not applicable, indicate N/A)	endment if not cont	ained in the amer	ndment itself:		
(if not applicable, indicate N/A)					
	<u> </u>	- <u>-</u>			
		- 			
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			<u>-</u>		

The date of each amendment(s) acd date this document was signed.	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 20 days after amenament for date,	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date vipartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action a	and shareholder
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.	2
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	F L 29
"The number of votes cast	for the amendment(s) was/were sufficient for approval	FILED JUL 29 AM
by		₹ [T]
	(voting group)	ت ي
Dated	124-12020) Kly-h	9: 35
	rector, president or other officer – if directors or officers have not been	
	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Ramon R. Ojeda Araujo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	