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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
	Name of Contact Person	
	Firm/ Company	
	Address	
	City/ State and Zip Code	<u> </u>
E mail address: (to bu us	ed for future annual report	notification)
E-mail address. (to be us	ice for their annual report	motification)
For further information concerning this matter, pleas	se call:	
	at (_)
Name of 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 Certificate of Status	S43.75 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	Ameno Divisio	Address Iment Section on of Corporations Building

Florida Department of State

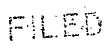
2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



BALDEON ENTERPRISES II INC

(Name of Corporation	as currently filed with the Florida Dept. of State) 20 P 2 32
P12000046471	79:3 HA (20 (
	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0
(Muning address MAT DE A TOOT OF THE HOSE	×
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the
new registered agent and/or the new registered w	The address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	• •
New Registered Agent's Signature, if changing Regis	stered Agent:
I hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position.
Signa	ture 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 = ChiefExecutive 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JORGE M SOLORZANO BALDEO:	15520 PALMETTO LAKE DRIVE
Add			MIAMI FL 33157
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

	g additional Arti ts, if necessary).	(Be specific)	- -			
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f an amendment pro	<u>vides for an excl</u>	<u>nange, reclassific</u>	ation, or cancella	tion of issued s	hares,	
provisions for imple	menting the ame	endment it not co	ntained in the ar	<u>nenament itseir</u>	<u> </u>	
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	05/14/2019	10 d d
The date of each amendme date this document was signs	ent(s) adoption:entropy description:entropy descr	, if other than th
	05/14/2019	
Effective date <u>if applicable</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted indocument's effective date or	in this block does not meet the applicable statutory filing requirements, this data the Department of State's records.	e will not be listed as th
Adoption of Amendment(s	(<u>CHECK ONE</u>)	
	were adopted by the shareholders. The number of votes cast for the amendment(s /were sufficient for approval.)
☐ The amendment(s) was/v must be separately prove	were approved by the shareholders through voting groups. The following stateme ided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of vo	nes cast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/vaction was not required.	were adopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder	
Dated	5/1/17 2019/	
Signatura	Jan & S	
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 cour	1
	appointed fiduciary by that fiduciary)	
	ISAAC BALDEON	
	(Typed or printed name of person signing)	
	PRESIDENT DIRECTOR	
	(Title of person signing)	