12/8/2020

Division of Corporations

## Florida Department of State

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## Articles of Amendment to Articles of Incorporation of

| The new 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."  | MM WORLDWIDE EXPOR  |                                     | £**   |
|---|---|-------------------------------------|---|
| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment of the provisions of the corporation:  If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "inc.," or "Co." A professional corporation name must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  Senter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Solo WEST FLAGLER ST STE B-289  MIAMI, FL 33144  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL 33144  P. MIAMI, FL 33144  C. Enter new mailing the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  Name of New Registered Agent  (Florida screet address)  New Registered Office Address:  Florida  (City)  City Code)  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.  | (Name of Corporation as curren  | tly filed with the Florida Dept. of | State)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments articles of Incorporation:  If amending aging, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the designation "P.A."  3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)  8500 WEST FLAGLER ST STE B-289  MIAMI, FL 33144  C. Enter new mailting address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL 33144  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  Florida  (City)  Florida  (City)  Florida  (City)  New Registered Office Address:  I am familiar with and accept the obligations of the position.   |   |                                     |   |
| S. Articles of Incorporation:  A. If amending name, enter the new pume of the corporation:  The new numerous be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "inc." or "Co." A professional corporation name must contain the word "chartered." "professional association." or the abbreviation "P.A."  3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)  S500 WEST FLAGLER ST STE B-289  MIAMI, FL 33144  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL 33144  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (Florida street address)  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.  | (Decument Number  | of Corporation (if known)           |   |
| The new nume 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 "characted," "professional association." or the abbreviation "P.A."  3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS.)  8500 WEST FLAGLER ST STE B-288  MIAMI, FL 33144  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL 33144  P. Miamending 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 Ayent  (Florida street address)  New Registered Office Address:  (City)  (City)  New Registered Ayent's Stypature, if changing Registered Agent:  Thereby accept the appointment as registered agent. If am femiliar with and accept the obligations of the position.   | Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:                          | s Florida Profit Corporation adopt  | the following amendment(                      |
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| ### Registered Office Address:    Stynature, if changing Registered Agent:   Am familiar with and accept the abligations of the position.   | "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association." or the abbreviation "P.A | A professional corporation пате     | he abbreviation "Corp"  must contain the word |
| MiAMI, FL 33144  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  MiAMI, FL 33144  B 500 WEST FLAGLER ST STE B-209  MIAMI, FL 33144  P 99  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:  (City)  (City)  (City)  (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.   | B. Enter new principal office address, if applicable:   |                                     |   |
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| Miaming address MAY BE A POST OFFICE BOX  Miaming address May Box Miaming address in Florida, enter the name of the position.  Miaming address May Box Miaming address in Florida, enter the name of the position.  Miaming address May Box Miaming address in Florida, enter the name of the position.  Miaming address May Box Miaming address in Florida, enter the name of the position.  Miaming address May Box Miaming address in Florida, enter the name of the position.  Miaming address May Box Miaming address in Florida, enter the name of the position of the position of the position.  Miaming address May Box Miaming address in Florida, enter the name of the position of the position of the position.  Miaming address May Box Miaming address in Florida, enter the name of the position |   | MIAMI, FL 33144                     | 20.00   |
| MIAMI, FL 33144  99  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:  (City)  (City)  (City)  (Sp Code)  New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the abligations of the position.  | C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                       | 8500 WEST FLAGLER                   | ST STE B-209                                  |
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| Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (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 abligations of the position.   | D. If amending the registered agent and/or registered office ad   | dress in Florida, enter the name of |   |
| (Florida street address)  New Registered Office Address:  (City)  (City)  New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   | new registered agent and/or the new registered office addre   | <u>255:</u>                         |   |
| (Florida street address)  New Registered Office Address:  (City)  (City)  New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   | Name of New Registered Agent  |                                     | · ·   |
| New Registered Office Address:  (City)  (City)  (2ip Code)  New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |   |                                     | •   |
| (City) (2ip Code)  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.   | (Florida  | street address)                     |   |
| (City) (2ip Code)  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.   |   | m                                   | lorida  |
| thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  | New Registered Office Address:  |                                     |   |
| I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |   |                                     |   |
| thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  |   | ,                                   |   |
| Signature of New Registered Agent, if changing  |   |                                     | f the position.                               |
| Signature of New Registered Agent, if changing  |   |                                     |   |
|   | Signature of New  | Registered Agent, if changing       |   |
| Check if applicable   | Charlett annitionals  |                                     | •   |

| If amending the Officers and/or Directors, enter the title and | d name of eac | h officer/director be | ling removed and title, vame, 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 Y. 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:<br>X Change                  | PT John I   | <u>)oe</u>    |                                |
|---------------------------------------|-------------|---------------|--------------------------------|
| X Remove                              | V Mike.     | lones         | •                              |
| X Add                                 | SV Sally i  | Smith         |                                |
| Type of Action<br>(Check One)         | Title       | Name          | Address                        |
| 1) X Change                           | PVS         | MARIA MONTOYA | 8500 West Flagler St Ste B-209 |
| Add                                   |             | ·             | MIAMI, FL 3344                 |
| Remove                                |             |               | ·                              |
| 2) Change                             |             |               | 2020                           |
| Add                                   |             |               | DECC                           |
| Remove 3) Change                      | ·<br>       | · . ·         | <u> </u>                       |
| Add                                   |             | r             | <b>P</b>                       |
| Remove                                | , <u>.</u>  |               | 9 9                            |
| 4)Change                              | <del></del> |               | ~ ~                            |
| Add                                   | ·.          |               |                                |
| Remove                                |             |               |                                |
| 5) Change                             |             |               |                                |
| Add                                   |             | ٠.,           |                                |
| Remove                                |             |               |                                |
| 6) Change                             | · · · ·     |               |                                |
| Add                                   |             |               | <u> </u>                       |
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| mending or adding add<br>ach additional sheets, if r | necessary). (Be spe | ecific)   | •                                     |
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|  | e for an orchance . | reclassification, or cancellation of issued shares. | •                                     |
| rovisions for implement                              | ting the amendment  | t if not contained in the amendment itself:         |                                       |
| (if not applicable, ind                              | icate N/A)          |   |                                       |
|  | ·                   |   |                                       |
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| 18/2020  | , if other than the            |
|--|--------------------------------|
| The date of each amendment(s) adoption:  | n onto quit in                 |
| Effective date if applicable: (no more than 90 days after amendment file days  | rie)                           |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of Smte's records.   | •                              |
| Adoption of Amendment(s) (CHECK ONE)   |                                |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shar action was not required.  | eholder action and shareholder |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.  | amendment(s)                   |
| The amendment(s) was were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the emendation                                | owing statement<br>ment(s):    |
| "The number of votes cast for the amendment(s) was were sufficient for approval  | 2020                           |
| (voting group)   | 020 DEC -                      |
| Dated 12/8/2000  | 8 I                            |
| Signature MONICE Whom to fact.  (By a director, president or other ordiner – if directors or officers has selected, by an incorporator – if in the hands of a receiver, dustee, appointed fiduciary by that fiduciary) | ave not been when              |
| Maria Montaga (Typed or printed name of person Agning)   |                                |
| (Title of person signing)  |                                |
|  |                                |