

Office Use Only



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COVER LETTER

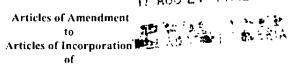
TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MC1 TECHNOLO	OGIES INC.				
DOCUMENT NUMB	ER:		 -			
	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
2	MICHEL DE AMORIM					
_	Name of Contact Person					
I	DRUMMOND CPA LLC					
_		Firm/ Company				
6	601 BRICKELL KEY DR. SUITE 901					
-	Address					
2	4IAMI, FL 33131					
_		City/ State and Zip Code				
MAMO	ORIM@DRUMMONDADV	ISORS.COM				
	-	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
MICHEL DE AMORIM		781	770-0005			
Name of Contact Person		at (Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:			
S35 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)			
Amer Divis P.O. 1	ng Address dinent Section ion of Corporations Box 6327 massee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301			

FILED

17 AUG 21 PH 12: 03

of



MC1 TECHNOLOGIES INC.		•
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)
P12000066364		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicables	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	DRUMMOND CPA LLC	
name of morning and configuration	601 BRICKELL KEY DE	R. SUITE 901
	(Florida si	rcet address)
Non Pagistared (Wiga Address)	MIAMI	Florida 33131
New Negativea Office Plantess.		(City) (Zip Code)
New Registered Office Address:	МІАМІ	(City) , Florida 33131 (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		<u>t:</u> with and accept the obligations of the position.
	Till	defin
	Signature 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 = 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.

Example: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	MGR	Alvaro Karam	299 Alhambra Circle, Suite 403	
Add _X Remove			Coral Gables, Ft. 33134	
2) Change	MGR	Втило Drummond	601 Brickell Key Dr, Suite 901	
X Add			Miami, FL 33131	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
VA.	
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
//A	
	7-10-10-1
	
	<u></u>
	

The date of each amendment(s) adoption date this document was signed.	on:, if oth	er than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirements, this date will not be linent of State's records.	isted as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
07/28/2017 Dated	Misso hum	
(By a directi selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
тни	AGO MEDEIROS BIANCHI	
 -	(Typed or printed name of person signing)	_
CEO) 	
	(Title of person signing)	