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To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 : (305)359-3700 per : (786)217-1243 Phone

Pax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Banil Address: marter @ ipo business

## COR AMND/RESTATE/CORRECT OR O/D RESIGN RAFARIN INC

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Articles of Incorporation

Articles of Amendment to

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th the Florida Dept. of State) ARY OF UTATE  [ALL AHASSEE, FLURIDA  tion (if known)  Profit Corporation adopts the following amendment(s)
ion (if known)
rofit Corporation adopts the following amendment(s)
The new
pany," or "incorporated" or the abbreviation professional corporation name must contain the
rida, enter the name of the
<del></del>
. Florida
(Zip Code)

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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:

TO:18506176380

(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: X Change	PI	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change	Title S	Name VIRGUEZ. VANESSA MARIA	Address  223 BROADWAY  AVE  KISSIMMEE, FL 34741
2) Change Add Remove Add Add Remove			
4) Change Add Remove			
5) Change Add Remove			
O) Change Add Remove			

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Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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an amendment provides for an exchorovisions for implementing the amel (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(у погаррнешье, такше (МА)	
(у погаррисаозе, таксате (УА)	
у погаррисате, таксие (ч/А)	
(у пос аррисате, таксие (УА)	
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(y not applicable, materia (VA)	
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(((H1900021534143))) 07/16/2019 \_\_\_\_\_, if other than the The date of each amendment(s) adoption: \_ date this document was signed. ()7:16/2019 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records (CHECK ONE) Adoption of Amendment(s) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was were sufficient for approval ☐ The amendment(s) was/were approved by the shareholders through voting groups. The foll-wing stotement must be separately provided for each voting group entitled to vote separately on the amendments of "The number of votes cast for the amendment(s) was-were sufficient for approval (voting group) The amendment(s) was were adopted by the board of directors without shareholder action and shareholder action was not required ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 07/16/2019 Dated\_ Signature (By a director, president or other officer - it directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

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(Typed or printed name of person signing)

(Title of person signing)