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SECRELATY OF STATE
TALLAHASSEE, FL

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R. WEDE JAN 07 IIJ

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:C	IELO MOBIL INC		
DOCUMENT NUMBER:	P140	000017944		
The enclosed Articles of An	rendment and fee are so	bmitted for filling.		
Please return all correspond	ence concerning this ma	tter to the following:		
	UBALDIN	O. A. REAL		
	Name of Contact Person			
CIELO MOBIL INC				
		Firm/ Company		
	5940 SW	114 TERR		
		Address		
	MIAMI, F	L 33156		
		City/ State and Zip Cod-	e	
	INFO@CIELC	OMOBIL.COM		
	-	sed for future annual report	notification)	
For further information con- UBALDINO A	DEAL	se call: at (305	6136222	
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:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations (Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CIELO MOBIL INC

FILED

(<u>Name</u> c	of Corporation as currentl	y filed with the Florida Dept. of State)	2018 DEC 26	AMIII. AA
P14000017944				- Aп II: 36
	(Document Number o	f Corporation (if known)	SEURET	SIATE
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	「ALLAHAS owing amendment(s	SEE DI
A. If amending name, enter the new na	me of the corporation:			
			The new	
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or "	n," "company," or "incorporated" or b "Co". A professional corporation name n "P.A."	he abbreviation must contain the	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE_A STREET ADDRESS</u>)		5940 SW 114 TERR		
		MIAMI, FL 33156		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		5940 SW 114 TERR		
		MIAMLEL 33156		
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent				
	5940 SW 114 TERR			
	(Florida str	reet address)		
New Registered Office Address:	MIAMI	, Florida 331	56	
new negative synce succession.		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	: with and accept the obligations of the posit	ion	
	Signature of New I	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.

X_Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change	P	UBALDINO A. REAL	5940 SW 114 TERR	
Add			MIAMI, FL 33156	
Remove				
2) Change	VP	HENRY LORENZO	5940 SW 114 TERR	
X Add			MIAMI, FL 33156	
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)	
N/A		
-		
·		
		_ _
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
\$/A		

The date of each amendment(s) add	option:	, if other than the
fate this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the ficient for approval.	e amendment(s)
☐ The amendment(s) was/were appromist be separately provided for e	roved by the shareholders through voting groups. The fol- each voting group entitled to vote separately on the amer	llowing statement adment(s);
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopaction was not required.	nted by the incorporators without shareholder action and	shareholder
	Mireel	
(By a dii selected	rector, president or other officer – if directors or officers , by an incorporator – if in the hands of a receiver, trusted ed fiduciary by that fiduciary)	have not been e, or other court
	UBALDINO A. REAL	
-	(Typed or printed name of person signing)	<u>, </u>
	PRESIDENT	

(Title of person signing)