## P14000063629

| (Req                      | uestor's Name)   |             |
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| PICK-UP                   | ☐ WAIT           | MAIL        |
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| Cartifical Carrier        | O-4161A          | £ C4-4      |
| Certified Copies          | Certificates     | s of Status |
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| Special Instructions to F | iling Officer:   |             |
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ALIVATIVE ALIVATIVA DE SENTENCIAS

APR 1 3 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA           | Alimex Def   | ense Corp  |   |
|---------------------------|--|--|---|
| DOCUMENT NUMBE            | <sub>R:</sub> P1400006362  | 9  |   |
| The enclosed Articles of  | Amendment and fee are su   | bmitted for filing.  |   |
| Please return all corresp | ondence concerning this ma   | tter to the following:   |   |
| F                         | Roberto Datorre  |  |   |
| _                         | <del></del>  | Name of Contact Persor   | <u> </u>  |
| -                         |  | Firm/ Company  |   |
|                           | 110 16th Street  |  |   |
| _                         |  | Address  |   |
| <u>1</u>                  | Miami Beach, FI  | ·-··   |   |
|                           |  | City/ State and Zip Code   |   |
| vimp                      | ech.vpd@gmail.   |  |   |
|                           | E-mail address: (to be us  | sed for future annual report                                       | notification)   |
| For further information   | concerning this matter, pleas  | se call:   |   |
| Roberto Dator             | re   | at ( 786   | 3150546   |
| Name of                   | Contact Person   | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for   | he following amount made   | payable to the Florida Depa  | rtment of State:  |
| ■ \$35 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)  |
| Amen<br>Divisi<br>P.O. E  | ng Address<br>dment Section<br>on of Corporations<br>Box 6327<br>assee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

| Alimex Defence Corp   |                              |                       |               |
|---|------------------------------|-----------------------|---------------|
| (Name of Corporation as currently filed with the Flor   | ida Dept. of State)          |                       |               |
| P14000063629  |                              | <u> </u>              | ·e/>          |
| (Document Number of Corporation (if k   | nown)                        | =                     | 5 S           |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles</i> of Incorporation:  | orida Profit Corporation ado | pts the following are | PRINTERS OF   |
| A. If amending name, enter the new name of the corporation:   |                              | •                     |               |
| Alimex Corp   |                              | T<br>T                | in The second |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | ". A professional corporati  |                       |               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |                              |                       |               |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:   | s in Florida, enter the name | of the                |               |
| Name of New Registered Agent  |                              |                       |               |
|   |                              |                       |               |
| (Florida street   | address)                     |                       |               |
| New Registered Office Address: (City)   | , Florida                    | <b>2.2.11</b> 10.110  |               |
| (City)  |                              | (Zip Code)            |               |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit  Signature of New Registered Agent  |                              | of the position.      |               |

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: X Change             | <u>PT</u>    | John Do  | <u>e</u>    |                 |
|-------------------------------|--------------|----------|-------------|-----------------|
| X Remove                      | <u>V</u>     | Mike Jo  | nes         | ,               |
| X Add                         | <u>sv</u>    | Sally Sn | <u>nith</u> |                 |
| Type of Action<br>(Check One) | <u>Title</u> |          | Name        | <u>Addres</u> s |
| 1) Change                     |              | _        |             |                 |
| Add Add                       |              |          |             | •               |
| Remove                        |              |          |             | <del></del>     |
| 2) Change                     |              |          |             |                 |
| Add                           |              | _        |             |                 |
| Remove                        |              |          |             | <del> </del>    |
| 3) Change                     |              |          |             | 7-11-11         |
| Add                           |              |          |             |                 |
| Remove                        |              |          |             |                 |
| 4) Change                     |              | _        |             |                 |
| Add                           |              |          |             |                 |
| Remove                        |              |          |             |                 |
| 5) Change                     |              | _        |             |                 |
| Add                           |              |          |             |                 |
| Remove                        |              |          |             |                 |
| 6) Change                     |              | _        |             |                 |
| Add                           |              |          |             |                 |
| Remove                        |              |          |             |                 |

| (Attach   | nding or adding add<br>additional sheets, if r | necessary). ( | Be specific)    | i <u>ze(a) nel e</u> . | •                |             |  |
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| . If an a | mendment provides                              | for an exchan | ıge, reclassifi | cation, or cand        | ellation of issu | ied shares. |  |
| provi     | sions for implementi                           | ng the amend  | ment if not c   | ontained in the        | amendment i      | tself:      |  |
| (.        | if not applicable, indic                       | cate N/A)     |                 |                        |                  |             |  |
| <u></u>   |  |               |                 |                        |                  |             |  |
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|           |  |               |                 |                        |                  |             |  |

| Effective date <u>if applicable</u> :                          |   |
|--|---|
| <u></u>  | (no more than 90 days after amendment file date)  |
| doption of Amendment(s)  | ( <u>CHECK ONE</u> )  |
| The amendment(s) was/were adopty the shareholders was/were suf | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.   |
|  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast 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 ado                                  | oted by the incorporators without shareholder action and shareholder  |
| action was not required.                                       |   |
| Dated 04/07/20   | 15  |
| Dated  | <del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| Signature  | W but   |
| (By a di   | rector, president or other officer – if directors or officers have not been   |
|  | , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)                               |
| ,  | Victor Perez  |
| -  | (Typed or printed name of person signing)   |
|  | President   |
| -  | (Title of person signing)   |