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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Mirabilis Corporat	ion		
DOCUMENT NUMI	BER: P14000096518			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Vicky Alvarez			
	-	Name of Contact Person	1	
	Caribros LLC			
		Firm/ Company		
•	299 Alhambra Circle	, ,		
	Address			
	Coral Gables, FL 33134			
		City/ State and Zip Code	e	
Vicky	@caribros.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information Vicky Alvarez	n concerning this matter, pleas	se call:at (305	、921-9562	
Name o	of Contact Person	at (de & Daytime Telephone Number	
	r the following amount made p			
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, Ft. 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

Mirabilis Corporation			
(Name of Corporation as currently	filed with the Florida Dept. of State))	
P14000096518			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	orida Profit Corporation adopts the fo	ollowing amer	idment(s) to
A. If amending name, enter the new name of the corporation:			
		The	
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.	o". A professional corporation name	the abbrevio	ation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			—
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 SEP 23	
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	AH 9: 08) "
Name of New Registered Agent			
(Florida street	t address)		
New Registered Office Address:	, Florida	_ .	
(C	(ity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the pos	sition.	
Signature of New Reg	istered 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: X Change	PT John	n Doe	
X Remove	<u>Y</u> <u>Mik</u>	e Jones	
_X Add	<u>ŞV</u> <u>Sall</u> y	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	PS	Cristiano Kruger Iop	299 Alhambra Circle
Add			Suite 403
Remove			Coral Gables, FL 33134
. 2) Change	CEO T	Fabio Fisher	299 Alhambra Circle
X Add			Suite 403
Remove			Coral Gables, FL 33134
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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, <u> </u>	
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
(ly not applicable, malcale WA)	
_	
	

	September 19, 2019	10 0 0
The date of each amendment(s date this document was signed.) adoption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ni
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	, <u>, , , , , , , , , , , , , , , , , , </u>	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	г
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/20	/2019	
Dated	<u>-</u>	
Signature	ers	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Cristiano Kruger Iop	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	