To: Page 1 of 5		From: JUAN ALBER
8/20/2020	Florida Department of State	28
<u> </u>	Division of Corporations Electronic Filing Cover Sheet	
N	lote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	•
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	÷
	To: Division of Corporations Fax Number : (850)617-6380	,
	From: Account Name : ALBER TAX ACCOUNTANT Account Number : I20150000098 Phone : (305)713-9142 Fax Number : (815)550-9948	<i>(</i> )
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** & Email Address: <u>ACC. Alber</u> @Hotmail.com D	17
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· · · ·	Articles of Am	endment		
	to		•	
	Articles of Incon of	rperation .		•
ALL ANT TROUBLAL OON COUP				
HUAVI TECHNOLOGY CORP				
· · · ·	Corporation as currently	filed with the riorida De	pr. of State)	
P15000041238	· · · · · · · · · · · · · · · · · · ·			
·····	(Document Number of (	Corporation (if known)	•	•
Pursuant to the provisions of section 607.1	006 Florida Statutes this $F$	Iorida Profit Cornoration	adopts the following ame	ndment(s) to
its Articles of Incorporation:		· · · · · · · · · · · · · · · · · · ·		
	· · · .		•	
A. If amending name, enter the new name	me of the corporation:			
·· · ·				new
name must be distinguishable and contain	the word "corporation," "co	mpany," or "incorporate	d" or the abbreviation "Co	orp.,"
"Inc., " or Co.," or the designation "Co "chartered," "professional association,"	orp," "Inc," or "Co". A	projessional corporation	name must contain the	wora
"charterea, professional association,	of the aboreviation 1.4.		•	
B. Enter new principal office address, i	f applicable:	· · ·		· ·
(Principal office address MUST BE A ST	REET ADDRESS )	•	•	
		<u></u>		 
			·	\Q
	· · · ·	• •	620	·
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	<u>cable:</u> DEFICE BOY)			1
(wratting quaress <u>BIAT DEATOST C</u>	MILLE DOLO	·	57	
•	•		·	
			<u> </u>	.****
			20	
D. If amending the registered agent an	<u>d/or registered office addr</u>	ess in Florida, enter the		
D. If amending the registered agent an new registered agent and/or the new	<u>d/or registered office address:</u> v registered office address:	ess in Florida, enter the	name of the	Г. С
new registered agent and/or the new	d/or registered office address: v registered office address:	ess in Florida, enter the	name of the	
D. <u>If amending the registered agent an</u> <u>new registered agent and/or the new</u> <u>Name of New Registered Agent</u>	<u>d/or registered office address:</u> v registered office address:	ess in Florida, enter the	name of the	ГГ
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If amending the Office	rs and/or	Directors, ento	er the title an	d name o	f each officer/d	lirector being rem	oved and title, na	me, and
address of each Officer (Attach additional sheets Please note the officer/d	<sup>.</sup> and/or I s, <i>if neces</i> lirector tit	Director being a sary) tle by the first let	ndded: iter of the offi	ce title:				
P = President; V= Vice Executive Officer; CFO President, Treasurer, Di	= Chief F	inancial Officer						
Changes should be noted a chunge, Mike Jones le Mike Jones, V as Remoy	aves the c	corporation, Sal.	ly Smith is na					
Example: X Change	<u>PT</u>	John Doe					· · ·	
<u>X</u> Remove	<u>v</u>	Mike Jones		. *			•	· · ·
<u>X</u> Add	<u>sv</u>	Sally Smith	•			• •	•	
Type of Action (Check One)	<u>Title</u>	Nam	<u>e</u>		· ·	<u>Addres</u> s	• •	• .
1) Change	VP.	VIL	LARROEL P	IOCA, DA	VID	2734 NW 72ND /	AVE	• •
X Add	·····	·				MIAMI, FL 3312	2 .	• • • •
Remove	• •		•••	•	· · ·			
2) Change				•		<u></u>		•
Add	·		·			· ·	×	•
Remove · · · · · · · · · · · · · · · · · · ·						<u> </u>		•
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18155509948 From: JUAN ALBER To: Page 4 of 5 2020-08-21 13:49:33 (GMT) • -. E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) . . . . . . . . ٠, . ٠ ··. . . ۰. . . . . . . . . ۰. . . . . . •. . . . • ۰. ۰. . . ۰. . . • . . . . F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) . . ۰. . . . . . . . . . . . • -. . . .

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The dote of en	ch amendment(5) ad	option:	•.	·		, if other	then the
date this docun	ient was signed.						•
Effective date	08/20		ore than 90 days af	ter amendment fil	e datej		• •
				· .			
Note: If the d document's eff	ate inserted in this bl ective date on the De	cek does not meet partment of State's	the applicable stat records.	utory filing requi	rements, this dat	e will not be liste	d as the
Adoption of A	mendment(s)	(CHECK (	<u>)NE</u> )	•			
The amenda action was a	ment(s) was/were ado not required.	pted by the incorpo	orators, or board of	directors without	shareholder actio	on and shareholde	
The amend by the shar	ment(s) was/were ado cholders was/were su	pted by the shareho flicient for approve	olders: The number al.	of votes cast for	the amendment(s	s) · · · ·	· · · · ·
The amenda must be set	nent(s) was/were app paralely provided for	roved by the share each voting group	holders through vot entitled to vote sep-	ing groups. The J arately on the am	ollowing stateme indment(s):	:ni	· ·
"The	number of votes cast	for the amendment	(s) was/were suffic	ient for approval			
· by _			· .	· · · · · · · · · · · · · · · · · · ·	• • • •		• •
		(voting gro	эцр) ,	· · · ·			
	08/20/2020 Dated	A-AA	<u>A</u>	 		· · .	•
		Suere Hu					
	(By a d selecte	in <u>ector, presiden</u> c d, <u>by an inconvolu</u> ted fiduciary by th	or other officer – if c the hands hat fiduciar, D.	lirectors or office of a receiver, trus	's have not been tee, or other cour	rt .	
•		FERNANDO GI	HUANCA ORIHUE	ELA			•
		(Туре	d or printed name of	f person signing)		······································	••••
	• •	PRESIDENT	· .		•		
		(Title	of person signing)	· ·	·····	*** **********************************	<del>-</del> · ·
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