P15 00000 60143

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MANDALA NV.	INC.	
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ONDINA NASER		
		Name of Contact Persor	1
	MANDALA NV. INC.		
		Firm/ Company	
	999 SW 1ST AVE SUITE	3112	
		Address	
	MIAMI, FL 33130		
		City/ State and Zip Cod	e
nina:	serhe@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ONDINA NASER - GOMEZ		917 at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Fifing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section vision of Corporations D. Box 6327 lahassee, 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

MANDALA NV. INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000060143 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: __ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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,

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	ONDINA NASER - GOMEZ	999 SW 1ST AVE SUITE 3112
Add			MIAMI, FL 33130
X Remove			
2) Change	P	ONDINA NASER - GOMEZ	999 SW IST AVE SUITE 3112
X Add			MIAMI, FL 33130
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	_		
		_		
				
			_	
		,		
			·	
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification indment if not conta	on, or cancellation o ined in the amendm	<u>f issued shares,</u> ent itself:	
(if not applicable, indicate N/A)				
		<u>-</u> -		
-				

The date of such amondmental administra	09/24/2019
The date of each amendment(s) adoption date this document was signed.	: if other than the
09/24/2019	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not be listed as the it of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
☐ The amendment(s) was/were approved be must be separately provided for each vo	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
	unendment(s) was/were sufficient for approval
by	(voling group)
-	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
action was not required. Dated Signature	the incorporators without shareholder action and shareholder Lipid Company of the incorporators without shareholder action and shareholder Steepident of other officer – if directors or officers have not been
selected, by an	incorporator – if in the hands of a receiver, trustee, or other court riary by that fiduciary)
NIDNO	IA NASER- GOMEZ
	(Typed or printed name of person signing)
SECRE	TARY
	(Title of person signing)