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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone Pax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Articles of Amendment le Articles of Incorporation of

12

P15000090212	ne of Corporation as currently filed with the Florids Dept. of State)
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 6 its Articles of Incorporation:	07.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments
LEADERS BENEAU STATE OF THE NEW SWARD GLOBAL CORPORATION	name of the corporation:
one must be distinguishable and	ontain the word "corporation," "company," or "incorporated" or the abbreviation
Enter pew principal office address office address MUST BE A	STREET ADDRESS )
Enter new malling address, if ann	No. A.
(Making address MAY BE A POST	OFFICE ROX
If amending the resistered seems as	nd/or resistered office address in Florida, enter the name of the w resistered office address:
If amending the resistered great at new consistered arent and/or the ne Name of New Rentstered Aren	nd/or registered office address in Florida, enter the name of the w registered office address:  Corporate Crestions Network Inc.
	Treating Sinks Idulated
Name of New Registered Agent	Corporate Crestions Network Inc.  11380 Prosperity Farms Road #221E  (Florida street address)
	Corporate Cremions Network Inc.  11380 Prosperity Farms Road #221E  (Florida street address)  Palm Beach Gardens  Florida 33410
Nume of New Registered Agent	Corporate Crestions Network Inc.  11380 Prosperity Farms Road #221E  (Florida street address)
Nume of New Registered Agent New Registered Office Address: Registered Agent's Supportuge if the	Corporate Cremions Network Inc.  11380 Prosperity Farms Road #221E  (Florida street address)  Palm Beach Gardens  (City)  72to Code)
Name of Non Registered Agent New Registered Office Address: Registered Agent's Signature if the	Corporate Cremions Network Inc.  11380 Prosperity Farms Road #221E:  (Florida street address)  Palm Beach Gardens  (City)  (City)  (Zip Code)

If amending the Officers and/or Directors, enter the tirle and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Anach additional sheets, (f necessary)

Please must 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 = Chaleman or Clerk: CEO - Chief

The President: V = Vice President: T - Treasurer: S - Secretary: D - Director: TR = Trustee, C = Chaleman or Clerk: CEO - Chief

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The President: V = Vice President: T - Treasurer: S - Secretary: D - Director: TR = Trustee, C = Chaleman or Clerk: CEO - Chief

The President: T - Treasurer: T - T - Treasurer: T - T - Treasu 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 PSI and Alike 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as on Add. Example:

X.Change	13	John Doc	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Typicof Action (Check One)	Litte	Name	<u>Addras</u>
1) Change	MGR	4ward Management, LLC	8272 NW 14 ST
X Add			IXIRAL, FL 33126
Remove			
2)Change	<del></del>		
Add			
Rumove			
3)Change	<del></del>		
Add			
Remove			<del></del>
4)Change			
Adu			
Remove			
5) Change			
Add			
Remove			
		•	
6)Change			
Add			
Remove			<del></del>

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	IT PEDIFFICE UP	oplicable, imficate N/4)	IT reprinted the approximent (I and copilcoble, imilicate N/4)	IT PORTIERING (Se appendment IT and contained in opticable, indicate N/A)	IT PROFITERING (See Appendix of the Amend opticable, indicate N/4)	IT miderate the appendment if not contained in the annument itself: splitable, indicate N/A)	opticable, indicate N/A)

The date of each amendate this document was:	freent(s) adoption:
Effective date   Fapolice	
<del></del>	(no more than 90 days after convendment file date)
Man It I	
document's effective date	ed in this block does not meet the applicable statutory filing requirements, this dote will not be listed as a on the Department of State's records.
Adoption of Amendmen	R(s) (CHECK ONE)
The amendment(s) was by the shureholders w	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
The amendment(s) was must be separately pro-	Owere approved by the starcholders through voting groups. The following statement wided for each voting group entitled to wite separately on the amendment(s):
	rotes cast for the amendment(s) was/were sufficient for approval
by	
	(voling group)
•	Were adopted by the increasement with a second
Dated	November 4th, 2019
Signature	Luasona fam
	(By a director, president or other officer - if directors os officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that liduciary)
	Mariano Garcia Rosa
	(Typod or printed name of person signing)
	Director
	(Title of person signifies)