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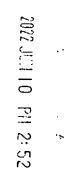
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Latin Tech Solution	ons Inc			
DOCUMENT NUM	P16000001115				
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	Hector Herrera				
		Name of Contact Person	n		
	Latin Tech Solutions Inc				
		Firm/ Company			
	1600 NE 1st Ave #1814				
	Address				
	Miami, FL 33132				
		City/ State and Zip Cod	e		
	hectorherreraone@gmail.com	n			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Hector Herrera		786	302-7820		
Name of Contact Person		at (786) 302-7820 Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment of State:		
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, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Latin Tech Solutions Inc

2022 JUNIO FII 2: 52

(Name of Corporation as curr	ently filed with the Florida Dept. of State	<u> </u>
P16000001115	•	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, t ts Articles of Incorporation:	this Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>	
		The new
ame must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp." "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	'. A professional corporation name mus	
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	-	
		
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
. If amending the registered agent and/or registered office a	address in Florida, enter the name of the	
new registered agent and/or the new registered office add		
Name of New Registered Agent		
(Floride	a street address)	
New_Registered Office Address:	. Florida	
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famili	icnt: ar with and accept the obligations of the pa	osition.
Cimmon of M-	as Parietarnal trans if sharming	<u> </u>
Signature of Ne	w Registered Agent, if changing	
heck if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Santiago Velez Pelaez	1600 NE 1st Ave #1814
Add			Miami, FL 33132
x Remove 2) x Change	D	Mauricio Paba	1600 NE 1st Ave #1814
Add			Miami, FL 33132
Remove 3) Change	D	Maria Margarita Herrera	1600 NE 1st Ave #1814
x Add			Miami, FL 33132
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necesso	ary). (Be specific)
	
	
 	
	-
	
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f an amandan and a market a few and	
provisions for implementing the	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/.	(4)
(y uppnemne, mateure	
<u> </u>	
······································	_
	
	

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareh-	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendmen	ng statement u(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
5/19/202. Dated		
selec	director, president of other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or conted fiduciary by that fiduciary)	
	Hector Herrera	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	