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SECKE FARY OF STATE
FALLAHASSEE, FLORIDA

JUN 2 6 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MONDO PAND	DA INC	
DOCUMENT NUMBER: P16000100216		<u> </u>
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
GUILLERMO OLIVO		
	Name of Contact Perso	n
MONDO PANDA INC		
	Firm/ Company	
2301 NW 87TH AVE STE	504 5TH FLOOR	
	Address	
DORAL FLORIDA 33172		
	City/ State and Zip Cod	le
guillermo@mondopanda.com		
· ·	used for future annual report	notification)
E a fearly a late and the same and the same and		
For further information concerning this matter, ple	case can:	
GUILLERMO OLIVO	at (at (5971824
Name of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount mac	le pavable to the Florida Dep	artment of State:
\$35 Filing Fee		□\$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	Ameno Divisio Cliftor	Address Iment Section on of Corporations i Building ixecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MONDO PANDA INC	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P16000100216	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	1. I'm 6
	P. S. S.
C. Enter new mailing address, if applicable:	SSE SSE
(Mailing address MAY BE A POST OFFICE BOX)	me y o
	ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.	
NA	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Fiorida N/A	street address) N/A
New Registered Office Address:	, Florida
	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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: X 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	CMO	FTM CONSULTING INC	936 SW 1ST AVE #297
XAdd			MIAI FLORIDA 33130
Remove			
2) X Change	CEO	GUILLERMO OLIVO	2301 NW 87TH AVE SUITE 504
Add			DORAL FLORIDA 33172
Remove 3) Change	CCO	ANDRES TORRES	2301 NW 87TH AVE SUITE 504
Add			DORAL FLORIDA 33172
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	_
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)	
N/A	
	

	JANUARY 1, 2018	
The date of each amendment(s) a	doption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	SUARY 1, 2018	
паррисоле	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date with epartment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
JANUARY Dated Signature	11,2018	
(By J C selecty	rector, president or other officer – if directors or officers have not been al, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	_ _
,	GUILLERMO OLIVO	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	