P17000018579

(Req	iestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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(5.1.1)	, , , , , , , , , , , , , , , , , , ,
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corpor					
NAME OF CORPOR	ATION:	astlex -	INC 018579		
DOCUMENT NUMB	IR:	P 170 000	018579		
The enclosed Articles o	Amendment and fee are su	buitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
		alex			
1		Name of Contact Persor	1		
	3043	44 Company St.	SW FL 34116		
		Address	C1 3.1.11		
_		Viaples,	FL 34116		
		City/ State and Zip Code	`		
	Suyenr	molina P	imail , com		
	Suyenrmolina Damil I com E-mail address (to be used for future annual report polification)				
For further information	concerning this matter, pleas	se cali:			
A	lex	239	201 8477 de & Daytime Telephone Number		
Name of	Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:		
\$35 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)		
	g Address		<u>Address</u>		
	ment Section		ment Section		
	on of Corporations ox 6327		n of Co rporations Building		
	assee, FL 32314		xecutive Center Circle		
			ssee, FL 32301		

Articles of Amendment

to

Articles of Incorporation

P 170 000 (85 79)
(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:

name must be distinguishable and contain the wor	rd "evenoration" "company" a	r "incorporated" or		The new
Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession			
3. Enter new principal office address, if applicable	<u></u>			
Principal office address <u>MUST BE A STREET ADI</u>				
				
		·		
C. Enter new mailing address, if applicable:			Σ_{S}	
(Mailing address MAY BE A POST OFFICE BO	DX)			9 /
			26	PR -
			* S = 2	_
	45		<u>m~</u>	
D. If amending the registered agent and/or registe	and affine address in Florida, and		7700	
new registered agent and/or the new registered	office address:	er the name of the	FLORIDA	 `
			D D E	7
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address;	(City)	, Florida	(Zip Co	nde)
	• •		, · r	,
New Registered Agent's Signature, if changing Reg	zistered Agent:			
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		obligations of the pos	ition.	

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 officeredirector 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,

	re, and Sally Smith, SV as an Add	
Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
l) Change	VP Vladimir Peyes Jalesia	s 4280 Jefferson Ln apt 201 Vaples, FL 34116.
<u></u> ≯ Add		vaples, FL 34116.
Remove	At .	
2) Change	Executive Julio Cesare Jonzalez Manager	4936 24th Ave SW. apt A
_ <u>x</u> Add	Manager U.J.	haples FL 34116
Remove		,
3) Change	Executive Eduardo Jose Concep.	eum 321 E 64-St. apt. 114
Add	Manager	
<u></u> ★ Remove		9 4 9
4) Change		R 26 SSEE
Add		THE THE
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

T ,	f necessary). — (Be spe	reitte.				
	***************************************	***************************************		** ** *		
			•			
					_•	
			 			
an amendment provide	s for an exchange, re	eclassification, or c	ancellation of issue	d shares,] <u>7.</u>	19
provisions for implemen (if not applicable, inc	ting the amendment	if not contained in	the amendment its	<u>elf:</u>	~ [:] **=	9 ≯ -
(ij noi appnicane, inc	ucue (v 20)				ar im Sales	APR
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				<u>.</u>		PM 1: 17
		******			<u> </u>	
					FLORIDA	7
						
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		The state of the s				_
	···					

The date of each amendment(s) ac	loption:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(120 more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient 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 east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) vas/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Datec	4/23/2019	
Signature (Dec. of	rector, president or other officer – if directors or officers have not been	_
	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	ted fiduciary by that fiduciary)	# C
	(Typed or printed name of person signing)	i i i i i i i i i i i i i i i i i i i
	(Typed or printed name of person signing)	25-25-
	P	F 1
	(Title of person signing)	
		- -