P17000022785

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COMATRADE CORP.				
	P17000022785			
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.		
Please return all corresponder	nce concerning this man	tter to the following:		
ARMA	ANDO M. MARTINEZ	Z		
		Name of Contact Person	<u> </u>	
DEMO	S GLOBAL GROUP,	INC.		
		Firm/ Company		
РО ВО	X 560668			
		Address		
MIAM	II, FL 33256			
		City/ State and Zip Code)	
tm@demosg	lobal.es			
		ed for future annual report	notification)	
For further information conce	rning this matter, pleas	e call:		
ARMANDO M. MARTINEZ	<u>.</u>	305	670-0979	
Name of Conta	act Person		de & Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount made p	payable to the Florida Depa	rtment of State:	
	\$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 Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

COMATRADE CORP.		
(Name of Corporat	ion as currently filed with the Fl	orida Dept. of State)
P17000022785		
(Docur	ment Number of Corporation (if kr	nown)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:		poration adopts the following amendment(
A. If amending name, enter the new name of the co	orporation:	The new-
name must be distinguishable and contain the woo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Red Thereby accept the appointment as registered agent.		e obligations of the position.
Sim	nature of New Registered Agent if	Chanaina

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) X Change	VP	DAVID VALLS CALVO	7300 NORTH KENDALL DRIVE
Add			SUITE 470
Remove			MIAMI, FL 33156
2) Change	P,S	ALBERTO VALLS AUBETS	7300 NORTH KENDALL DRIVE
X Add			SUITE 470
Remove			MIAMI, FL 33156
3) X Change	D	FRANCISCO SANMARTIN PEY	7300 NORTH KENDALL DRIVE
, 6 Add			SUITE 470
Remove			MIAMI, FL 33156
4) X Change	GM	SILVIA VALLS CALVO	7300 NORTH KENDALL DRIVE
Add			SUITE 470
Remove			MIAMI, FL 33156
5) Change			
Add			
Remove			
6) Change			
Add		·· ·	
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
And the state of t	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	

MARCH 24, 2017	, if other than the
The date of each amendment(s) adoption: date this document was signed.	, it other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amena	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	:. The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by	••
by	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	tion and shareholder
Dated 03/8/12017	
Signature X (By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receivappointed fiduciary by that fiduciary)	
ALBERTO VALLS AUBETS	
(Typed or printed name of person sig	ning)
PRESIDENT	
(Title of person signing)	