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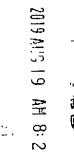
(Requestor's Name)
(Address)
(Address)
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COVER LETTER

TO: Amendment Section Division of Corporations

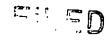
NAME OF CORPO	RATION: PROESA STEEL	DETAILING CORP	
	BER: P17000026619		
The enclosed Articles	of Amendment and fee are sa		
Please return all corre	spondence concerning this ma	itter to the following:	
	MAULE SARABIA		
		Name of Contact Perso	D
	PROESA STEEL DETAILI		
		Firm/ Company	
	2029 SW 105TH CT	Thus Company	
		Address	
	MIAMI, FL 33165		
	-	City/ State and Zip Cod	u
PROI	SASTEEL@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	a concerning this matter, pleas	se call:	
MAULE SARABIA		786 at (479-4515
Name c	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	riment of State:
S35 Filing Fee	□S43.75 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

Amendment Section Division of Corporations P.O. Box 6327 <u>Street Address</u> Amendment Section Division of Corporations

Clifton Building

Articles of Amendment to Articles of Incorporation of



2019 AHG 19 AM 8: 22

PROESA STEEL DETAILING CORP

(Name of Corporation as currently	y filed with the Florida Dept, of State)
P17000026619	· : : -: · ·
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	77
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation ",	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Muiling address <u>MAY BE A POST OFFICE BOX</u>)	N/A
N. Ir. and the state of the sta	
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	<u>ess in Florida, enter the name of the</u>
N/A	
Name of New Registered Agent (NIX	
Name of New Registered Agent	
Name of New Registered Agent (Florida stre	vt address)
Name of New Registered Ayent (Florida stro New Registered Office Address:	et address), Florida (Cite) (Zip Code)

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)

Remove

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: <u>X</u> Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	DIR		REVETTE, LUIS	CALLE 2 CASA #36 JARDINES
Add				DEL VALLE
X Remove				CARACAS, VZ 00000 VZ
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			·····	

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	(ize specific)
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

08/15/19 The date of each amendment(s) adoption:	
The date of each amendment(s) adoption:	if other than th
08/15/19 Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendments):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required	
08/15/19 Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
MAULE SARABIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	