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SECRETARY OF STATE SECRETARY OF CORPORATIONS

Smend

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: PROESA STEEL	DETAILING C	ORP	
	17000026619			
The enclosed Articles of American	ndment and fee are su	bmitted for fili	ng.	
Please return all corresponden	ce concerning this ma	tter to the follo	wing:	
MAUL	E SARABIA			
		Name of Co	ntact Persor	3
PROES	A STEEL DETAILIN	√G CORP		
	······································	Firm/ C	ompany	
2029 S	W 105TH CT			
Address				
MIAMI	, FL 33165			
	<u></u>	City/ State a	nd Zip Code	
PROESASTE	EL@GMAJL.COM			
E-1	nail address: (to be us	sed for future ar	mual report	notification)
For further information concer	ning this matter, pleas	se call:		
MAULE SARABIA	at (786		
Name of Contact Person Area Code & Daytime Telephone		le & Daytime Telephone Number		
Enclosed is a check for the following	owing amount made p	payable to the F	Torida Depa	rtment of State:
	43.75 Filing Fee & Certificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	ору	☐\$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 Clifton Building 2661 Executive Center Circle		

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

PROESA STEEL DETAILING CORP

	of Corporation as curre	ntly filed with the Florida	Dept. of State)	
P17000026619				
	(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	ús Florida Profit Corporatio	on adopts the following	(amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	· "Co". A professional cor	orporated" or the ab poration name must c	The new breviation ontain the
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S	TREET ADDRESS)			
		·		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A		
	<u>v. 1101. B()11</u>			
				<u>. </u>
If amending the registered agent ar new registered agent and/or the ne	<u>id/or registered office ac</u> w registered office addra	dress in Florida, enter the	name of the	- 13 E
Name of New Registered Agent	N/A			4 22
Same by New Registered Agent				
	(Florida	street address)		23 25
New Registered Office Address:	N/A		, Florida ^{N/A}	.5. V
		(Cuy)	(Zip C	nder = 135
				3
New Registered Agent's Signature, if c	hanging Registered Age	nt:		
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obliga	tions of the position.	
	Signature of New	Registered Agent, if changi	7757	

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 D	oe	
X Remove	\underline{V}	<u>Mike Ju</u>	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	Title		Name	Address
1) Change	MGR	_	SARABIA, JAVIER	2029 SW 105TH CT
Add				MIAMI, FL 33165
Remove				
2) Change	-	_		
Add				
Remove				
3.) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		_		
Add				
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

	09/16/19	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	09/16/19	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/16/1 Dated	Fried	
sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sointed fiduciary by that fiduciary)	
	MAULE SARABIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	