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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BERELI SERVICE	E CORP. ————————————————————————————————————		
DOCUMENT NUM	BER: p17000032335			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	BELKIS REYES			
		Name of Contact Person	1	
	BERELI SERVICE CORP. I	NC.		
		Firm/ Company		
	P.O. BOX 143536			
		Address		
	CORAL GABLES, FL 33114	‡		
		City/ State and Zip Cod	<u> </u>	
helki	sreyes23@yahoo.com			
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Belkis Reyes		at (989-0458	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
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

FILED

17 AUG 21 PH 3: 25

BERELI SEVICE CORP INC (Name of Corporation as currently filed with the Florida De Grof State) p17000032335 (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: A. If amending name, enter the new name of the corporation: BERELI SERVICE CORP. INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1431 GALIANO STREET, # 8 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) CORAL GABLES, FL 33134 C. Enter new mailing address, if applicable: P.O. BOX 143536 (Mailing address MAY BE A POST OFFICE BOX) CORAL GABLES, FL 33114 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **BELKIS REYES** Name of New Registered Agent 1431 GALIANO STREET, #8, CORAL GABLES, FL 33134 (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby 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>	<u>John Do</u>	<u>e</u>					
X Remove	<u>v</u>	Mike Jos	<u>nes</u>					
_X Add	<u>sv</u>	Sally Sn	<u> iith</u>					
Type of Action (Check One)	<u>Title</u>		Name				<u>Addres</u> s	
1) Change		_	PA		<u> </u>			
Add			•					
Remove								
2) Change						_		
Ad d								
Remove								
3) Change						_		
Add								
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4) Change		_			·			
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5) Change		_				_		
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an amendment provides for an excl	ange, reclassification, or	or cancellation of issue	<u>d shares,</u>
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V.	nange, reclassification, on the contained and th	or cancellation of issue	d shares, elf:

The date of each amendment(s) adoption: Quant 15, 2017
date this document was signed.
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Effective date if applicable: 7, 2017 (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 not be listed as the document's effective date on the Department of State's records.
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 amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by PIA (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.
Dated Quegust 15, 2017
Signature JSG
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President & afo
(Title of person signing)