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And

JUN 01 2017 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	l .
NAME OF CORPORATION:	Agnel Colobal & Internation
DOCUMENT NUMBER:	1110000 70 771
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
$ N\alpha$	ou LAWANI
Agnel C	Name of Contact Person of Obsel & International Inc
4080 nu	Firm/Company 152 nd Street bu
Doa 10	Maddress (1 33054
•	City/ State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Noon Laure	ni at 305, 484-4211
te of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 Articles of Incorporation Name of Corporation as currently (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: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (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.

NIA

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	_	nn Doe		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	SV Sal	lly Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add Remove	P	Coladys (Luweni <u>3030 nw</u> Mia Gulden	
2) Change				
Add Remove	VP	noon lu	<u> </u>	
Change Add Remove	P	Note La		•
4) Change	 	<u> </u>		·
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				

E. If amending or adding additional Articles, enter c	hange(s) here	;			
(Attach additional sheets, if necessary). (Be specific	6/1	1- 1		·	
Ide moving G	elud	15 L	(ewen	1 0	<u>.</u>
President a	nd	1000	naina	1)050	. 0
The Concern a		V D	17/19	Deas	
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F. If an amendment provides for an exchange, reclas	sification, or	cancellation of i	ssued shares.		
provisions for implementing the amendment if no (if not applicable, indicate N/A)	ot contained i	<u>the amendmen</u>	<u>t itself:</u>		
(i) not applicable, indicate 1971)		NILA			
		10121			
					•
			•		

• •		
The date of each amendment(s) ado	5/24/17	, if other than the
date this document was signed.	< 1 2 (1. O	, II oliloi tilaii tik
Effective date if applicable:	(no more than 90 days after amendment file date)	·
	(no more than 50 days after amenament file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	5/24/17	
Signature	\$6.50s	
(B√a dire	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court if iduciary by that fiduciary)	
	Nota Lawa	v) i
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	