P17000052217

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: AEQ-KROMA AN	IERICA INC.					
DOCUMENT NUM	P17000052217						
The enclosed Article	s of Amendment and fee are sub	omitted for filing.					
Please return all corr	espondence concerning this mat	ter to the following:					
	PETER HOWARTH						
	Name of Contact Person						
	AEQ-KROMA AMERICA INC.						
	Firm/ Company						
	6355 NW 99TH AVE						
		Address					
	DORAL, FL 33178						
		City/ State and Zip Code	e				
	phowarth@aeq.es						
	E-mail address: (to be us	ed for future annual report	notification)				
	on concerning this matter, pleas						
Peter Howarth		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check t	for the following amount made p	oayable to the Florida Depa	artment of State:				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303				

Articles of Amendment Articles of Incorporation of

۸	EO.	KRON	CA A	MERICA	LINC
11	1007-	N K 1 1 N	1/4 /4	. VIERTU A	A HING.

(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)	
17000052217			
(Document Numbe	r of Corporation (if known)		
rsuant to the provisions of section 607,1006, Florida Statutes, th Articles of Incorporation:	nis <i>Florida Profit Corporat</i> a	ion adopts the follow	wing amendmen
If amending name, enter the new name of the corporation:			
/A			The new
me must be distinguishable and contain the word "corporation," nc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.,	A professional corporati		
Francisco de Servicio de Servicio de La Companya de	N/A		
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
	-		-
			ن: ۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔
		_ 	<u> </u>
If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		e name of the	
Name of New Registered Agent N/A			
(Florida	street address)		
(Florida New Registered Office Address:	street address) (Cive)	Florida	(ip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: \underline{X} Change PT <u>John Doe</u> X Remove \underline{V} Mike Jones \underline{X} Add \underline{SV} Sally Smith Type of Action Title <u>Name</u> Address (Check One) PD DE LA FUENTE, ROGELIO 6355 NW 99TH AVE 1) Change DORAL, FL 33178 ____ Add Remove 6355 NW 99TH AVE PD SANCHO, MIGUEL _ Change DORAL, FL 33178 ___ Add Remove SD OLMEDA, IVAN 6355 NW 99TH AVE _ Change DORAL, FL 33178 _ Remove 1) RIBEIRAO, LUCIANE 6355 NW 99TH AVE 4) ____ Change **DORAL, FL 33178** Add Remove 5) Change ____ Add Remove 6) ____ Change __ Add Remove

Attach)	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	
	
E Ifan a	mendment provides for an exchange, reclassification, or cancellation of issued shares,
provi	sions for implementing the amendment if not contained in the amendment itself:
() N/A	f not applicable, indicate N/A)
IN/A	
-	

, if other than th
I not be listed as th
I shareholder

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