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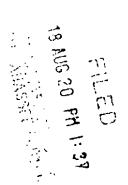
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ALEGRI INC
DOCUMENT NUMBER: <u>D1700074935</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person AUEGRI IN C Firm/ Company
2557 CENTERGATE DRIVE # 101
MIRAMAR FL 33025 City/State and Zip Code
VIVIanaallegrigi & gmail. com E-mail address: (to be used for future annual geport notification)
For further information concerning this matter, please call:
VIVIANA GONZALEZ at (954) 618 - 7499 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALLEGRIINC	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
017000074935	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" (Corp., "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Frincipal Office address MOST BE ASTREET ADDRESS)	· 8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	m -
maning address MATT BE AT COST OF FIGE MAN	
	St. W
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida sti	reet address)
New Registered Office Address:	Ftorida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
· · · · · · · · · · · · · · · · · · ·	
Signature of New I	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>	John Doc	
X Remove	v	Mike Jones	
X Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	P	MAOZ DRUSKIN	2920 SW 467H
Remove			33312
2) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artach additional sheets, if necessary).	(Be specific)			
				
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	•			
<u> </u>				-
	· · · · · · ·	••		
				
	 			
an amendment provides for an exc	hange, reclassification.	or cancellation o	lissued shares,	
rovisions for implementing the am- (if not applicable, indicate N/A)	anument ii not contain	ed in the amenum	ent itsen:	
		•		
				
				· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 dat document's effective date on the Department of State's records.	e will 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 amendment(s):	nı
"The number of votes cast 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.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 08 15 2018 Signature 244 9.	
Signature June 9.	
(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)	í
Viviana Gonzalez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	