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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Mulnar Global Inc		
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
lease return all corres	pondence concerning this ma	tter to the following:	
	William R Ramos		1
		Name of Contact Perso	n
	Mulnar Global Inc.		1
•		Firm/ Company	
	37 N. Orange Ave.		;
·		Address	·
	Orlando FL 32801		
•		City/ State and Zip Cod	le
mulay	uglobal@gmail.com		ı
	- • -	sed for future annual report	notification)
	is man non-control of the	or the family minima report	Managemy
For further information	a concerning this matter, pleas	se call;	
William R Ramos		407 at (739-2255
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Dep	artment of State:
S35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Ameno Divisio	Address dment Section on of Corporations 1 Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Mulnar Global Inc.		! 2
(Name of Corporation as current	ly filed with the Florida Dept. of State)	12
P17000085717		7
(Document Number of	of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving amendme
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu	abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
	-	
C. Enter new mailing address, if applicable:	N/A	-
(Mailing address MAY BE A POST OFFICE BOX)	10/7	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		. (
N/A		, ,
Name of New Registered Agent		
(Elmila	reet address)	_
N/A	reet auarens)	1
New Registered Office Address:	, Florida , Z	<u> </u>
	17.	(ip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar))
Signature of New	Registered Agent, if changing	- _i

address of each Office Attach additional shee Please note the officer/ President: V= Vic Executive Officer: CFC weld. President, Treasu Thanges should be not rehange, Mike Jones (er and/or 1 ets, if neces 'director tit ee Presiden () = Chief urer, Direct eed in the followers the c	Director being added: ssary) the by the first letter of the office title: u; T= Treasurer: S= Secretary: D= 1 Financial Officer. If an officer/director would be PTD. following manner. Currently John Doc	Oirector: TR= Trustee; C = Chairman or Clerk; CEO = Chief tor holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change.
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change	CFO	Fabio A Lonano	37 N. Orange Ave.
X Add			Orlando FL 32801
Remove			
?) Change	VΡ	Any Y Guerra	37 N. Orange Ave.
X Add			Orlando Fl. 32801
Remove			
3) Change			
Add			
Remove			
			· ·
1) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			!
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Page 2 of 4

TENTON OF CONTROL OF THE PARTY		ì l
(Attach additional sheets, if necessáry). (Be specific)		
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If an annual area and a second of the second	f issued shares,	
<u>itian amendme</u> nt provides for an exchange, reclassification, or cancellation of		
If an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment.	ent itself:	
provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	ent itself:	1
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N/A	1 4	\
The date of each amendment(s) adoption:	ir ör	ther than the
N/A Effective date if applicable:	!	1
(no more than 90 days after amendment file date)	7	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be	listed as the
Adoption of Amendment(s) (CHECK ONE)	,	1
☐ 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):	i	1
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by	\ 	
(voting group)	1	4
☐ 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.	\$	
October 30, 2017 Dated		
Signature 37117	1	
(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)		
William R Ramos	1	1
(Typed or printed name of person signing)	9	
CEO		
(Title of person signing)		