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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DUCENT 200 INC	С				
DOCUMENT NUM	BER: P18000002718	_				
The enclosed Articles	of Amendment and fee are su	bmitted for fill	ng.			
Please return all corre	spondence concerning this ma	tter to the follo	wing:			
	ANDRES CARRENO					
	Name of Contact Person					
	DUCENT 200 INC					
		Firm/ 0	Lompany			
	8925 SW 172nd AVE APT	H-1114				
		Ad	dress			
	MIAMI FL 33196					
		City/ State	and Zip Cod	e		
AEC	ARRENOC@GMAIL.COM					
	E-mail address: (to be us	sed for future a	nnual report	notification)		
	·		•			
For further information	on concerning this matter, pleas	se call:				
ANDRES CARRENO		at (786	2128356		
Name	of Contact Person		Агеа Со	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 Fi Certified ((Additional enclosed)	Copy d copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address				Address		
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
P.O. Box 6327 Tallahassee, FL 32314			2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

DUCENT 200 INC

2818 JUL 20 PM 1:53

(Name of Corporation	on as currently filed with the Florida Dept of StateARY OF STATE
P18000002718	TALLAHASSEE. FL
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	
	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	\underline{X}^{j}
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reging hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sivne	ature 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
X Change	S	RAFAEL E URDANETA	8925 SW 172nd AVE #H-1114
Add			MIAMI FL 33196
Remove			
2) X Change	VP	ANDRES MIGUEL SALAZAR GO	8925 SW 172nd AVE #H-1114
Add			MIAMI FL 33196
Remove 3) Change	P	EVANDRO DI MATTEO	8925 SW 172nd AVE # H-1114
Add			MIAMI FL 33196
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damara			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if othe date this document was signed.	r than
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 date will not be lisdocument's effective date on the Department of State's records.	sted as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ 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" (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. 	
Signature (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)	-
(Title of person signing)	-

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