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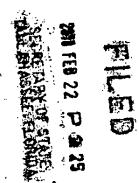
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AGL-Brothers Co	rp			
DOCUMENT NUM	BER: P18000009200				
	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Adonis Lara Gonzalez				
	Name of Contact Person				
		Firm/ Company			
	2763 SW 45 St	. ,			
	Address				
	Ft Lauderdale, FL 33312				
		City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
			······································		
For further information	n concerning this matter, pleas	se call:			
Margarita Cortada		786	512-9238		
	of Contact Person	at () 512-9238 de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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 Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AGL-Brothers Corp			
(Name of Corporation as currently	filed with the Florida Dep	ot. of State)	
P:18000009200			
(Document Number of	Corporation (if known)		· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation a	dopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	To". A professional corpor		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		•	
			
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: new registered agent and/or the new registered office address:		me of the	
Name of New Registered Agent			-
(Florida stree	et address)	· · · · · · · · · · · · · · · · · · ·	_
New Registered Office Address:	City)	_, Florida	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was signature of New Re	ith and accept the obligation gistered Agent, if changing	milion.	
	0 0 0 0 mm ama		Park III

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	Almilkar Gonzalez Lara	2763 SW 45 St
Add				Ft Lauderdale, FL 33312
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u></u>		
Add				-
Remove				
5) Change		_		
Add				
Remove				
δ) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	nament it not contained in the amendment usen.
(if not applicable, indicate N/A)	

	2/20/018	
The date of each amendment(s) added this document was signed.	doption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date with epartment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
2/20/2018		
Dated	\overline{A}	
Å	0/22/2///	
Signature (By ar	president or other officer - if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	Adonis Gonzalez Lara	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	