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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: M&R INT'L GRO	UP USA, INC	
DOCUMENT NUMB	P18000011229		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
2	ZUNAY RABELO		
-		Name of Contact Persor	1
	IRA PROFESSIONAL SE	RVICES	
_		Firm/ Company	
8	3202 NW 14 ST		
_		Address	
ו	OORAL, FL 33126		
-		City/ State and Zip Code	
INFO(@JRAPROFESSIONAL.C	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	se call:	
ZUNAY RABELO		305	456-5945
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
■ \$35 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)
Amei Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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M&R INT'L GROUP USA, INC

(Name of Corporation as currently filed with the Florida P18000011229 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office adoress: Name of New Registered Agent (Florida street address) _, Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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>Y</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
1) Change	VP	MANUEL F. SANTIAGO	10251 SW 5TH CT
Add X Remove			PEMBROKE PINES, FL 33025
2) Change	S	ROBERT E. RANGEL	10251 SW 5TH CT
Add ×			PEMBROKE PINES, FL 33025
Remove 3) Change	S	YUBISAY V. RUIZ GOMEZ	10251 SW 5TH CT
X Add			PEMBROKE PINES, FL 33025
Remove			
4) Change			
Add			
Remove			
5) Change			
Add Remove			
6) Change		<u>. </u>	
Add			
P amara			

ttach additional sheets, if necessary).	(Be specific)	<u>.e</u> :		
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<u>_</u> _				
				
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	hance reclassification.	or cancellation of issu	ied shares,	
s	Hall C. Iccia.	d in the amendment i	tself:	
f an amendment provides for an exc	endment if not contains			
provisions for implementing the am	endment if not containe			
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not containe			
provisions for implementing the am	endment if not containe			
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The date of each amendment(s) adoption:, if other	er than the
the date of each amendment(s) adoption	
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 lis document's effective date on the Department of State's records.	sted 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
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)	_
(Title of person signing)	