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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SKYWING Global Solutions COIP DOCUMENT NUMBER: P1800011317
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hugo Redrigo Berrocal Name of Contact Person Skywind Global Solutions. Corp Firm/ Company 5470 WW 113 Ct Address Doral FL 33178 City/ State and Zip Code Skywind 9. Solutions @ 9mail.com/ E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hugo Rodrigo Berrocal at 305 331 - 7154 Name of Contact Person Area Code & Daytime Telephone Number Englaced is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Opy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

SKYWING Global	Solution Scurrently	S COIP	nt of State)	
P18000011317	or por attorras currently	med with the Florida De	pt. of State	
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	orida Profit Corporation	adopts the following ar	nendment(s) to
A. If amending name, enter the new name	of the corporation;			
				he new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co	o". A professional corpo		
B. Enter new principal office address, if a (Principal office address MUST BE A STR				
				<u>.</u> — —
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF)			: 130 (: 130 (: 230 (5 F
			<u> </u>	PH 3: 21
D. If amending the registered agent and/o new registered agent and/or the new r		ss in Florida, enter the na	ime of the	+
Name of New Registered Agent	Lina H	Jimenez		
_	5470 NW (Florida stree			
New Registered Office Address:	<u> Doral</u>	(ity)	Florida 3317	<u>S</u>
New Registered Agent's Signature, if char I hereby accept the appointment as registere		th and accept the obligation	ons of the position.	
Lu	u Orun	Jun		
	Signdiure of New Reg	ristefed 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	PT	John Doc	
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
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	

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, to document's effective date on the Department of State's records.	nis date 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 amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st 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 share action was not required.	cholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated Jun - 3 , ZOI9 Signature	
Signature (By a director, president of other officer – if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	. ••
HUGO R BERROCAL	
(Typed or printed name of person signing)	
PRES, DENT	
· · · · · · · · · · · · · · · · · · ·	
(Title of person signing)	

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