PRODURIL

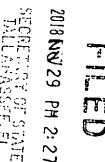
(Requestor's Name)		
(Address)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Amendment Section

Division of Corporation	ons		
			Solutions (oip
DOCUMENT NUMBERS	<u> </u>	21816	
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person Througheth Solutions Colf Firm/ Company Galous Dr. Address Mirana FL 33025 City/ State and Zip Code Througheth (off a orthogonal company) E-mail address: (to be used for future annual report notification)			
For further information con			
Jose &	Sinko	at (<u>786</u>	Code & Daytime Telephone Number
Name of Co	intact Person	Area (Code & Daytime Telephone Number
Enclosed 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Division P.O. Box	ent Section of Corporations	Ame Divi: Clift	et Address endment Section sion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of FILED 2018 Nov 29 PM 2:27

Innovatech Solut	tions COMPANISSESTATE
(Name of Corporation as currently f	iled with the Florida Dept. of State)
P18000027816	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	prida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
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 "P.,	". A professional corporation name must contain the 4."
B. Enter new principal office address, if applicable:	9310 chelsea Dr. Miramar FL 33025
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miramar FL 33025
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9310 chelse D.
	9310 chelse Dr. Miramer FL 33025
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent 105e	R Simko
9310 ch	elser Dr.
(Florida street	address)
New Registered Office Address: Mirama	
(C)	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	's and accept the obligations of the position.
Signature of New Reg	istered 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 Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P Kristal Pinon	5105 NW 195 Terr
Add		Miami Gardens FL 3305
Remove		
2) Change	P Jose R Simko	9310 Chelsea Pr Miranar FL 33025
Add		Miramar FL 33025
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

,, y, y, y	. (Be specific)			
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f an amendment provides for an exc provisions for implementing the am	hange, reclassificat	ion, or cancellatio	n of issued shares, dment itself:	
(if not applicable, indicate N/A)	<u> </u>	anica in the anici	the reserve	
	<u> </u>			

The date of each amendment(s) add date this document was signed.	option: 08- 1- 2018	, if other than the
Effective date <u>if applicable</u> :	08- 1- 2018 (no more than 90 days after amendment	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing recartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approva	1
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action a	and shareholder
Dated	-1-2018	
SignatureX	Kristal Deron	
	ector, president or other officer - if directors or offic	ers have not been
	by an incorporator – if in the hands of a receiver, trud fiduciary by that fiduciary)	istee, or other court
	Kristal PINO-	L
	(Typed or printed name of person signing)	
_	President (Title of person signing)	-
	(Title of person signing)	