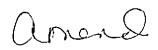
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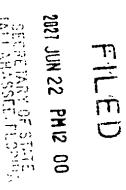
Office Use Only



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JUL 2 3 2021 **A RAMSEY**

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: SKYRA CORP	····			
	JMBER:				
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.			
Please return all c	orrespondence concerning this ma	itter to the following:			
	KARINA PACHECO				
		Name of Contact Persor	1		
	KARINA PACHECO PA				
	Firm/ Company				
	18800 NE 29 AVE 503				
		Address			
	AVENTURA, FL 33180				
		City/ State and Zip Code			
	KARINAPACHECOPA@G	MAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further inform	nation concerning this matter, please	se call:	300-5733		
Name of Contact Person		at (Area Coo	de & Daytime Telephone Number		
	ck for the following amount made				
S35 Filing Fe	e □\$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 The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

SKYRA CORP 2027 JUN 22 PM 12 00 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE P18000061624 TALLAHASSEF (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: The new 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." 21011 JOHNSON STREET SUITE 110 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PEMBROKE PINES, FL 33029 C. Enter new mailing address, if applicable: 18800 NE 29 AVE 503 (Mailing address MAY BE A POST OFFICE BOX) AVENTURA, FL 33180 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 address: JOSE ALEJANDRO BUGALLO Name of New Registered Agent 18800 NE 29 AVE 503 (Florida street address) **AVENTURA** 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.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	NATHALIE NANCO	250 180TH DR - STE. 153
Add			SUNNY ISLES BEACH, FL 33160
X Remove			
2) Change	D	JOSE ALEJANDRO BUGALLO	18800 NE 29 AVE 503
X Add			AVENTURA, FL 33180
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		_	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exch provisions for implementing the ame	inge, reclassification, or cancell idment if not contained in the a	ation of issued shares, mendment itself:	
(if not applicable, indicate N/A)			
			_
	<u> </u>		

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	06/15/2021	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
06/	15/2021	
Effective date <u>if applicable</u> :	(1 00 1 6 1 (61 1)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amenufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	y.	
-, <u></u>	(voting group)	
06/15/202	I	
Dated		
Signature	Scré Organdro Bagallos.	
	lirector, president or other officer - if directors or officers have no	
	ed, by an incorporator – if in the hands of a receiver, trustee, or ot ited fiduciary by that fiduciary)	her court
	JOSE ALEJANDRO BUGALLO ·	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	