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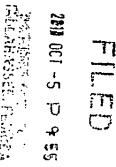
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PRAGHA INC		
DOCUMENT NUMB	ER: P18000080372		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	ADRIA	N ARTURO OLLARVIÐ	ES FERRER
-		Name of Contact Perso	90
	ADRIA	N ARTURO OLLARVIC	ES FERRER
-		Firm/ Company	
	8	3800 NW 36TH ST APT	4306
-	. <u> </u>	Address	
		DORAL, FL 33178	3
-		City/ State and Zip Coc	lu
		praghainc@gmai	l.com
	E-mail address: (to be us	sed for future annual repor	notification)
For further information	concerning this matter, pleas	se call:	
ADRIAN ARTURC	OLLARVIDES FERRER	786	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PRAGHA INC

(Name of Corporation as currently filed with the Florida Dept. of State) P18000080372 (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 address: ADRIAN ARTURO OLLARVIDES FERRER Name of New Registered Agent 8800 NW 36TH ST APT 4306 (Florida street address) DORAL New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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:

I' = 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: <u>X</u> Change	$\underline{\mathrm{PT}}$	John De	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
X Change	VP		NEISY C. GONZALEZ NAVA	8800 NW 36TH ST APT 4306	
Add		_		DORAL, FL 33178	
Remove					
2) Change					
Add					
Remove					
3) Change		<u> </u>			
Add					
Remove					
4) Change		_			
Add				<u> </u>	
Remove					
5) Change	<u></u>				
Add					
Remove					
6) Change					
Add					
Remove					

	cles, enter change(s) here: (Be specific)	
,	,,	
16	and and additionation on accordance of icone deborar	
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	_
(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 widocument's effective date on the Department of State's records.	ll 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 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	
(voting group)	
☐ 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.	
Dated 10 102 1 2018	
A.D. D	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an inforporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Adrian Ollgruides	
(Typed or printed name of person signing)	-
President (Title of person signing)	
(Title of person signing)	