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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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07/29/19

2019 JUL 29 PH 1: 40

R. WHITE 136 02 263

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: PROGAN CARIB	BEAN CORP	
DOCUMENT NUMBE	P18000089019		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	LUIS AL	EJANDRO DUQUE	
_		Name of Contact Persor	1
	PROGAN (CARIBBEAN CORP	
_		Firm/ Company	<u> </u>
	601 N	E 36TH ST APT 3107	
_		Address	***************************************
	N	MIAMI FL 33137	
		City/ State and Zip Code	3
	slejano	dro@progan.us	
	•	sed for future annual report	notification)
	2 (12	•	,
For further information	concerning this matter, pleas	se call:	
LUIS ALEJANDRO D	UQUE	at (786	860-2055
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maili	ng Address	Street	Address
	dment Section	Amendment Section	
	ion of Corporations		on of Corporations
	P.O. Box 6327 Clifton Building		•
Tallahassee, FL 32314		2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

PROGAN CARIBBEAN CORP

Articles of I	to ncorporation of	7.	
PROGAN CARIBBEAN	N CORP	• • •	• • • • • • • • • • • • • • • • • • • •
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	- 28/9 JUL 29	- PM 1.10
P18000089019		٠	· // /· 4U
(Document Number	of Corporation (if known)	7	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following	owing amendment(s)	to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name n	The new he abbreviation nust contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable:	PO POV STOATA		
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 370474 MIAMI FL 33127		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the		
(Florida s	treet address)		
New Registered Office Address:	(City) Florida_	Zip Code)	
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	it; with and accept the obligations of the positi	on.	
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	Ľ	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>s</u> v	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	MARIELA I. IRALA	601 NE 36TH ST APT 3107
X Add			MIAMI FL 33137
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued sh provisions for implementing the amendment if not contained in the amendment itself:	<u>ares,</u>	
(if not applicable, indicate N/A)		
	<u></u>	

The date of each amendment(date this document was signed.	5) adoption:, if other than th
-	07/17/2019
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
07/17/2 Dated Signature	
(By	a director, president or other officer - if directors or officers have not been
sele app	cted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	LUIS ALEJANDRO DUQUE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)