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SECRETARY OF STATE

2018 DEC -7 PM 2:58

R. WHOTE DEC 11 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SWORK METAL (CORP					
DOCUMENT NUMBER: P18000097204						
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
IVAN B BARKOVIC						
	Name of Contact Persor	n				
SWORK METAL CORP						
	Firm/ Company					
78 SW 7 STREET - SUITE 5	00					
	Address					
MIAMI, FL 33130						
	City/ State and Zip Code	e				
IBARKOVIC@GMAIL.COM						
_	ed for future annual report	notification)				
	- a to taland all all a post	,				
For further information concerning this matter, pleas	e call:					
PATRICIA BARKOVIC	244-7610					
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Depa	ertment of State:				
S35 Filing Fee S43.75 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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SECRETARY

WORK METAL CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State) Fi
P1S000097204	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	1975
D. A.C	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
Name to New Negmerea Agent	
(Florida s	etreet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	
тистем, иссерстве арранители из гезиметей адени. Тат јатиш	мин ини иссерстве объединоть од те ромиот.
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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally St	mith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
X Change	P		MIGUEL A DOS SANTOS	78 SW 7 ST - STE 500
Add				MIAMI, FL 33130
Remove				
2) Change	Р	_	MIGUEL A DOS PASOS	78 SW 7 ST - STE 500
X Add				M IAMI, FL 33130
Remove				
3.) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Damara				

E. <u>If ame</u> (Attach	nding or adding additional Arti additional sheets, if necessary).	icles, enter change((Be specific)	s) here:		
N/A	, , , , , , , , , , , , , , , , , , ,	(= : :			
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F. Hana	mendment provides for an exch	ange reclassificati	on or cancellation :	of icened charge	
provi	sions for implementing the ame	ndment if not cont	ained in the amendn	nent itself:	
(1	f not applicable, indicate N/A)				
N/A					
	·				· ·
		n			

11/30/2018	Complementaries
The date of each amendment(s) adoption:	, if other than the
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, this dadocument's effective date on the Department of State's records.	ate 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 amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east 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.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
11/30/2018 :	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
MIGUEL A DOS PASOS	
(Typed or printed name of person signing)	
(Title of person signing)	