## P19000019945

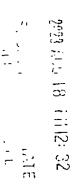
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	ORATION: CONTRERAS GLO	OBAL INC				
DOCUMENT NUM	1BER: P19000019945					
	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:	:			
	PATRICIA A. FISCHER					
		Name of Contact	Person			
	CONTRERAS GLOBAL INC	С				
		Firm/ Compa	any	<del></del>		
	488 NE 18TH ST APT 3209					
		Address				
	MIAMI, FL 33132					
		City/ State and Z	ip Code	<u> </u>		
	PACONTRERAS05@GMAI	IL.COM				
	E-mail address: (to be us	sed for future annual	report	notification)		
For further informati	ion concerning this matter, pleas	se call:				
PATRICIA A. FISC	HER	at (	305	927-3257		
Name	e of Contact Person	A	rea Coo	_)ie & Daytime Telephone Number		ງຄາງ
Enclosed is a check	for the following amount made	payable to the Florid	da Depa	irtment of State:	:	ขูกขูง ผูบบ่า
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■S43.75 Filing F Certified Copy (Additional copy enclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	, , , , , , , , , , , , , , , , , , ,	18 1411/2: 34
	ailing Address nendment Section			Address ment Section	111	
	vision of Corporations			n of Corporations		

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

CONTRERAS GLOBAL INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000019945	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
N/A	The new
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc." o "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word attion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A
(Frincipal office address SIOST BE A STREET ADDR)	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent N/A	, ca
Name by New Registered Agent	1.10
	(Florida street address)
New Registered Office Address:	Florida 00
Hew Registered Office Address.	(City) (Zip Code)
Now Designated Assessed Assessed Signature if the print Designation	ared Agent:
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	um familiar with and accept the obligations of the position.
Signatu	re of New Registered Agent, if changing

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>	Name	<u>Addres</u> s
1) X Change	PT	PATRICIA A. FISCHER	488 NE 18TH ST APT 3209
Add			MIAMI, FL 33132
Remove			
2) Change	VS	JUAN M. VIEIRA CONTRERAS	488 NE 18TH ST APT 3209
X Add			MIAMI. FL 33132
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			2623 AUG
Add			
Remove			8
5) Change			
Add			
Remove			m
6) Change			
Add			
Remove			

5

Attach additional sheets, if necessary). (Be specific)	
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	<del></del>
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	170
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• • •

The date of each amendment(s) a date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and	d shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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		
selecte	inector president or other officer—if directors or officers have not been on the distribution of the hands of a receiver, trustee, or other count ted figureary by that fiduciary)	
	PATRICIA A. FISCHER	
	(Typed or printed name of person signing)	
	PRESIDENT	> 2
	(Title of person signing)	TChell B EI
		A. A

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