P19000020588

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Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: TRIPS TRANS COMP

DOCUMENT NUMBER: P19000 20588 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RODNIGO PSIVA

Name of Contact Person

PS ACCOUNTING AND TAK SOLVICES

PHIN/ Company

1700 BANKS RD SUILE 50C

Address

MANGATE R 33063

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roomigo | SilvA at (954) 623 76/5

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

to

TRIPS TRANS CORP

(<u>Name of C</u>	orporation as current	<u>ly filed with the Florida Dept</u>	t. of State)		
	P190000	20588			
	(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporation ac	dopts the following	amendmen	ıt(s)
A. If amending name, enter the new name	of the corporation:				
TRIPS4WOMEN CORP.				The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n "Corp," "Inc," or	'Co". A professional corpora	orated" or the ab-	breviation	
B. Enter new principal office address, if a	nnlicable:	N/A			
(Principal office address MUST BE A STRI					
				-2 -	
			<u>A.C.</u>	- - <u>چ</u>	7
C. Enter new mailing address, if applicab	le:	N1/4	25.	Z	
(Mailing address MAY BE A POST OF)		N/A	57	ယ_ ်း	7-1 -1 -1
			WE.	<u> </u>	
			्रिक्ट्र च्या दृद्धी	ٔ بی	1
		-		; 	
D. If amending the registered agent and/o new registered agent and/or the new re			ne of the		
N/		<u></u>			
Name of New Registered Agent					
<u> </u>	2EL - 1				
		reet address)			
New Registered Office Address:		(Cin.)	_, Florida (Zip C	(a.L.)	
		(City)	(2.17)	oaej	
New Registered Agent's Signature, if chan	ging Registered Agent	<u>:</u>			
I hereby accept the appointment as registered	l agent. I am familiar	with and accept the obligation	s of the position.		
	Signature of New I	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 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			
\Add 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)	
(That data breed, g necessary). (De speegle)	
	<u></u>
F. If 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)	
(y nor appreciate, material run)	

The date of each amendment(s) a	dontion: 05	31	2019		, if other than the
date this document was signed.	<u> </u>	.,			
Effective date <u>if applicable</u> :					
	(no more	than 90) days after amendi	nent file date)	
Note: If the date inserted in this document's effective date on the D			able statutory filing	g requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ad by the shareholders was/were s	•	s. The	number of votes ca	ist for the amendmen	it(s)
☐ The amendment(s) was/were ap must be separately provided for					ment
"The number of votes case	for the amendment(s) w	as/were	e sufficient for app	roval	
by	(voting group)			``	
	(voting group)				
☐ The amendment(s) was/were ad action was not required.	opted by the board of dir	ectors	without shareholde	r action and sharehol	lder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporator	s with	out shareholder act	ion and shareholder	
05/31/201 Dated Signature <u>~</u>				<i>,</i>	
selecte	director, president or otherd, by an incorporator – inted fiduciary by that fidu	f in the			
	CHANCE LEONZA H	ICKS			
	(Typed or pi	inted n	name of person sign	ing)	
	PRESIDENT				
		Title o	of person signing)		

. . . .