P19000028501

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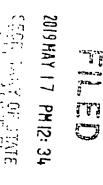


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TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ____ DOCUMENT NUMBER: P19000028501 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AVILA, MARYLUZ Name of Contact Person ELECTROBELL US CORP Firm/ Company 7388 NW 72 AVENUE Address MIAMI, FL 33166 City/ State and Zip Code ELECTROBELLUS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AVILA, MARYLUZ at (347) 2391789 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ELECTROBELL US CORP			
	filed with the Florida Dept. of State)		
P19000028501			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	20". A professional corporation name m		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		 -	
			
C. Enter new mailing address, if applicable:		9 9	ंद्री
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			*x: 46
			1
		30 2	3
		- 	19
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	PH 12: 34	
new registered agent and/or the new registered office address:		तां 🖅	
Name of New Registered Agent	<u> </u>		
(Florida stree	et address)		
New Registered Office Address:	, Florida		
	City) (Z	Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	Should be a second of the second second		
I hereby accept the appointment as registered agent,—I am familiar wi	in and accept the obligations of the positio	и.	

Page 1 of 4

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.

Frample:

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	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	VP	ANA M ROCHA	7388 NW 72 AVE
X Add			MIAMI, FL 33166
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
, - +	

The date of each amendment(s)	03-14-2019	20.1.1.1
date this document was signed.	adoption:	, if other than the
-	-15-2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this coepartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment sufficient for approval.	u(s)
	oproved by the shareholders through voting groups. The following staten or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary) AVILA, MARYLUZ	ı uri
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	