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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FRENOS TAIPAN	CORP.	
DOCUMENT NUME	BER: P19000033701		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	PINA YADONISI		
		Name of Contact Person	1
	CASYA BUSINESS SOLUT	TIONS CORP	
		Firm/ Company	
	15800 PINES BLVD SUITE	305	
	· · · · · · · · · · · · · · · · · · ·	Address	
	PEMBROKE PINES, FL 330	027	
		City/ State and Zip Code	e
CAS	YABUSINESS@YAHOO.CO	ЭМ	
-		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
PINA YADONISI		954 at (3625194
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 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)
<u>Mai</u>	ling Address	Street	Address
	endment Section		Iment Section
	sion of Corporations		on of Corporations
	Box 6327		Building
Tall	ahassee, FL 32314	2661 E	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FRENOS TAIPAN CORP		
(Name of Corporati	ion as currently filed with the Florida Dept. of State)	
P19000033701		
(Досиг	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the a o," "Inc," or "Co". A professional corporation name must e abbreviation "P.A."	bbreviation
B. Enter new principal office address, if applicable	<u>e:</u>	
(Principal office address <u>MUST BE A STREET ADd</u>	DRESS)	20
		71 11
	<u> </u>	
C. Enter new mailing address, if applicable:		29
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
		<u> </u>
		10
		
D. If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered	Toffice address.	
Name of New Registered Agent		_
		_
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
Sig	nature 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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	PINA G YADONISI	5955 NW 105TH CT, APT 507
Add X Remove			DORAL, FL 33178
2) Change	P	JOSE G PAREDES	5955 NW 105TH CT, APT 507
X Add			DORAL, FL 33178
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	tional sheets, if necessary).	(Be specific)			
<u> </u>					
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lf an amen	dment provides for an exc	hange, reclassificati	on, or cancellation	of issued shares,	
(if not	for implementing the amapplicable, indicate N/A)	enament ii not cont	ainea in the amena	ment usen:	
19					
		· · · ·			
			,		

 The date of each amendment(s)	04/26/2019 adoption:	if athor than th
date this document was signed.	auoption.	, ii other man tii
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
04/26/20 Dated	019	
Signature	pina yadonisi	
(By a selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	PINA YADONISI	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	