P19000040401

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: LADRIL CORPOR	RATION	
DOCUMENT NUM	BER: P19000040401		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Maria Gisela Urribarri		
		Name of Contact Person	1
	Crosswise, PLLC		
		Firm/ Company	
	1600 Ponce de Leon Blvd, su	ite 1105	
		Address	
	Coral Gables, FL 33134		
		City/ State and Zip Code	
	@iII		
team	@crosswise.legal		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Maria Gisela Urribar	ri		3742372
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ertment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LADRIL CORPORATION	L	A	DRI	$_{ m LCC}$	RF	ХOК	AΊ	'ION
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(Name o	of Corporation as curr	rently filed with the Florida Dept. of State)
P19000040401		
	(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, 1	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ıme of the corporation	<u>ı:</u>
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc." e	ration." "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicables	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if apple	cable:	TALL TALL
(Mailing address MAY BE A POST		N/A Fr E
		SSS
		address in Florida, enter the name of the
new registered agent and/or the ne	w registered office add	iress:
Name of New Registered Agent	N/A	
	(Florid	da street address)
No. Books of Office Address.	N/A	. Florida
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered As	gent:
I hereby accept the appointment as regis	tered agent. I am famil	liar with and accept the obligations of the position.
	Signature of No	ew 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.

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Títle</u>	Name	Address
1) Change	P	RUBIO, EMMANUEL E	801 SOUTH MIAMI AVE,
Add			UNIT PH5803
X Remove			MIAMI, FL 33131
2) Change	P	SYDOW, HANS	801 SOUTH MIAMI AVE.
X Add			UNIT PH5803
Remove			MIAMI, FL 33131
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)
N/A
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)
N/A

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 30 days after amenamem file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendmer fficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated MA	4 31, 2019 Allusm	
Signature	Allusm	
(By a di	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other coed fiduciary by that fiduciary)	
	Hans Sydow	
•	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	