## P19000041953

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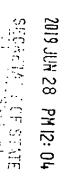
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	UPTONG CORP.		
NAME OF CORPOR	ATION: P19000041953		
DOCUMENT NUMB			<del></del>
The enclosed Articles of	of Amendment and fee are sui	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ANDRES BLANCO		
-	UPTONG CORP.	Name of Contact Person	n
-	201 GALEN DR 110W	Firm/ Company	
-	KEY BISCAYNE FL 33149	Address -2110	
-		City/ State and Zip Cod	e
UPTC	ONG@ME.COM		,
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
ANDRES BLANCO		305 at (	600-4487
Name o	Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 F	Address  Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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· · · · · · · · · · · · · · · · · · ·	s currently filed with the Florida Dept, of State)		
P19000041953			
(Document I	Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the follow	ving ameno	lment(s)
A. <u>If amending name, enter the new name of the corpor</u> IN THE FICTION CORP.	ration:	✓ The _i	1200
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	nc," or "Co". A professional corporation name mu	abbreviat	ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES			<del></del>
(Friedput office dualess MOST DE A STREET ADDRESS	<u></u> )		_
	-		-6.3
		28	J Peters
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	turnal 1
		· · · · · · · · · · · · · · · · · · ·	
	L	P P	_
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office			
Name of New Registered Agent			
	Florida street address)	_	
New Registered Office Address:	. Florida		
		ip Code)	
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position	1.	
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.

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)  1) Change X Add Remove	<u>Title</u> MGR	Name SILVIO PESTRIN	Address 201 GALEN DR 110W KEY BISCAYNE FL 33149-2110
2) Change Add Remove Change			
Add Remove 4) Change Add			
Remove  Change  Add			
Change Add			

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an amendment provides for an exch	ange, reclassific	ation, or can	cellation of iss	ued shares,	
orovisions for implementing the ame (if not applicable, indicate N/A)	nament if not co	ntained in th	e amendment	itseif:	
		· ·	<del></del>		
		<del></del>			

The date of each amendment(s) adoption:
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 block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  JUNE 26 2019
Dated
(By a director, president or other officer – K directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  ANDRES BLANCO
(Typed or printed name of person signing)
PD
(Title of person signing)