## P19000044910

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: MERPAZ TRADI   | NG GROUP CORP  |   |  |  |  |
|-------------------------|--|--|---|--|--|--|
|                         | IBER: P19000044910   | <del>-</del>   |   |  |  |  |
| The enclosed Article.   | s of Amendment and fee are su  | ıbmitted for filing.   | ·   |  |  |  |
| Please return all corr  | espondence concerning this ma  | atter to the following:  |   |  |  |  |
|                         | BERNICE IPIA-FELICIAN  | 0  |   |  |  |  |
|                         | · · · · · · · · · · · · · · · · · · ·                                      | Name of Contact Person   | n   |  |  |  |
|                         | PRATS, FERNANDEZ & CO., P.A.   |  |   |  |  |  |
|                         | Firm/ Company  |  |   |  |  |  |
|                         | 999 PONCE DE LEON BLVD. STE. 1110  |  |   |  |  |  |
|                         |  | Address  |   |  |  |  |
|                         | CORAL GABLES, FL 3313  |  |   |  |  |  |
|                         | <del></del>  | City/ State and Zip Code   | ρ   |  |  |  |
|                         |  |  | •   |  |  |  |
|                         | ADMIN@PRATSFERNAN  |  |   |  |  |  |
|                         | E-mail address: (to be us  | sed for future annual report                                       | notification)   |  |  |  |
|                         |  |  |   |  |  |  |
| For further information | on concerning this matter, pleas   | se call:   |   |  |  |  |
| BERENICE IPIA-FE        | ELICIANO   | at (   | , 444 8333  |  |  |  |
| Name                    | of Contact Person  | Area Co  | de & Daytime Telephone Number   |  |  |  |
| Enclosed is a check for | or 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)  |  |  |  |
| Am<br>Div<br>P.O        | endment Section<br>ision of Corporations<br>Box 6327<br>lahassee, FL 32314 | Amend<br>Divisio<br>The Ce   | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MERPAZ TRADING GROUP CORP

| (Name of Corporation as curr   | rently filed with the Florida Dept. of State)   |
|--|---|
| P19000044910   | ,   |
| (Document Numb   | ber of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:   | this Florida Profit Corporation adopts the following amendment(s)   |
| A. If amending name, enter the new name of the corporation   | <u>n:</u>   |
| MERPAZ CORP.   | The new   |
| name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P | n," "company," or "incorporated" or the abbreviation "Corp.,"  ". A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable:  | دي .  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |
|  |   |
|  |   |
| C. Enter new mailing address, if applicable:   | 7:29  |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   | 25  |
|  |   |
|  |   |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add   | address in Florida, enter the name of the dress:  |
| Name of New Registered Agent   |   |
|  |   |
| (Florida   | da street address)  |
| New Registered Office Address:   | , Florida   |
|  | (City) (Zip Code)   |
|  |   |
| N. P. C. A. A. A. G. C. A.   |   |
| New Registered Agent's Signature, if changing Registered Ag<br>I hereby accept the appointment as registered agent. I am famili  | gent: ligr with and accept the obligations of the position  |
| , , , , , , , , , , , , , , , , , , ,  | in that decept the obligations of the position.   |
|  | $ \wedge$ $/$   |
|  | Tousando  |
| Signature of Ne  | ew Pregintered Agent, if changing   |
| Check if applicable  |   |
| ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (  |   |

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.

| X Change                      | <u>PT</u>    | John Doe    |         |
|-------------------------------|--------------|-------------|---------|
| X Remove                      | <u>v</u>     | Mike Jones  |         |
| X Add                         | <u>sv</u>    | Sally Smith |         |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 2) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove<br>3 ) Change          |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 4) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 5) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 6) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |

| Attach       | n additional shee                             | g additional Ar<br>ets, if necessary). | (Be specific   | ")               |                |                |             |
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| fang         | amendment pro                                 | ovides for an exc                      | change, reclas | sification, or o | ancellation of | issued shares. |             |
| prov<br>(    | <u>isions for imple</u><br>(if not applicable | ementing the ame, indicate N/A)        | iendment if no | ot contained ir  | tne amename    | nt itseit:     |             |
|              |   |  |                |                  |                |                |             |
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|   | adoption:   | , if other than the            |
|---|---|--------------------------------|
| date this document was signed.  |   |                                |
| 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 Department of State's records.   | date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                                |
| ☐ The amendment(s) was/were action was not required.                  | dopted by the incorporators, or board of directors without shareholder a  | ction and shareholder          |
| ■ The amendment(s) was/were as by the shareholders was/were           | dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.   | nt(s)                          |
| ☐ The amendment(s) was/were a must be separately provided for         | oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):  | ement                          |
| "The number of votes ca   | st for the amendment(s) was/were sufficient for approval  |                                |
| by  | <u> </u>  |                                |
|   | (voting group)  |                                |
| Dated   | 14, 3020 /  |                                |
| (By ā<br>selec  | director, president or other officer – if directors or officers have not be<br>ted, by an incorporator – if in the hands of a receiver, trustee, or other c<br>inted fiduciary by that fiduciary) |                                |
|   | FERNANDO A DE LA PAZ  |                                |
|   | (Typed or printed name of person signing)   |                                |
|   | PTS   |                                |
|   | (Title of person signing)   |                                |