

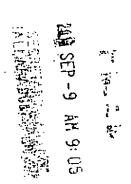
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COVER LETTER

Co. The Co. TO: Amendment Section Division of Corporations NAME OF CORPORATION: GARBO & CO. INC. DOCUMENT NUMBER: P19000049986 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nicolo Fabbrizio Name of Contact Person Gerson Preston Firm/ Company 4770 Biscayne Blvd. - Suite 400 Address Miami, FL - 33137 City/ State and Zip Code nif@gpkleg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nicolo Faborizio Area Code & Davtime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

GARBO & CO. INC. (Name of Corporation as currently filed with the Florida Dept. of State) P19000049986 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

Mike Jones, V as Remove Example:	z, and Sal	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	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	P	CUNEO. ROBERTO	VIALE CAPRILLI 7
Add			MILANO, IT 20148 IT
X Remove			
2) Change	P	FABRIZIO BONACCINI	4, rue douy Deleupe
X Add			93100 Montreuil
Remove			France
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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provisions for implementing the amer	ange, reclassification, or idment if not contained	cancellation of issuent the amendment it	ed shares, self:	
f an amendment provides for an exch- provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or idment if not contained	cancellation of issue in the amendment it	ed shares, self:	
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The date of each amendment(s) adoption:date this document was signed.	, it other than th
Effective date if applicable:	
(no more than 90 days after amendment)	(ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	tirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"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 action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
Dated September 4, 2018 Signature Coberte (
Signature Society (100	
(By a director, president or other officer – if directors or office	
selected, by an incorporator – it in the hands of a receiver, trus appointed fiduciary by that fiduciary)	tee, or other court
RoBERTO CVNEO (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT (REMOVES)	
(Title of person signing)	