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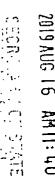
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Import Calitar USA	\ Inc	
DOCUMENT NUMI	P19000062273 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Jenny Massad		
		Name of Contact Person	1
	Karen L. Varela P.A.		
	8200 NW 41 STREET, SUIT	Firm/ Company E 200	
	DORAL, FLORIDA 33166	Address	
		City/ State and Zip Cod	e
JENN	Y@USALEGALIMMIGRA	HON.COM	,
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JENNY MASSAD		305 at (8232303
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32304	

Articles of Amendment to Articles of Incorporation of

IMPORT CALI	TAR	USA,	$_{ m INC}$
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	urrently filed with the Florida Dept. of State)
P19(0)(0)62273	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuto its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion: The new
	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Fla	orida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	l Agent:
Signature o	f 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.

PT	John D	υς			
<u>v</u>	Mike Jones				
<u>sv</u>	Sally S	Sally Smith			
Title		Name	<u>Addres</u> s		
l,		JENNY Y VARELA	7941 NW 68 STREET		
			MIAMI, FL 33166		
P		LUZ Y. MUNOZ ROBLES	7941 NW 68 STREET		
	_		MIAMI, FL 33166		
	_				
	_				
	_				
	<u>-</u>				
	V SV Title P	V Mike J SV Sally S Title P	V Mike Jones SV Sally Smith Title Name P JENNY Y VARELA		

	i <u>cles, enter change(s) here</u> : (Be specific)	
		
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The same of the sa	1, 16, 16, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
If an amendment provides for an exchaprovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
If an amendment provides for an excha- provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
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provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	
provisions for implementing the amen	range, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	

The date of each amendment(s) adoption: 8/13/2019 date this document was signed.	, if other than the
Effective date if applicable: 8/00/00/00/00 (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 document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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 east 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.	
Dated 8/13/2019	
Signature S13/2013	
(By a director, president of other officer – if 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)	
Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	