P19000065584

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TO: Amendment Section [§]
Division of Corporations

NAME OF CORPORATION: CUBICORE CORP DOCUMENT NUMBER: P19000065584 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YOANNA L BELTRAN Name of Contact Person BELTRAN ACCOUNTING SERVICES Firm/ Company 6303 BLUE LAGOON DRIVE SUITE 400 Address MIAMI, FL 33126 City/ State and Zip Code ybeltran@beltranaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 280-5713
Area Code & Daytime Telephone Number YOANNA L BELTRAN 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



CUBICORE CORP (Name of Corporation as currently filed with the Florida Dept. of State) P19000065584 (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: The new 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." 14181 NW 8th STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Sunrise, FL 33325 C. Enter new mailing address, if applicable: 14181 NW 8th STREET (Mailing address MAY BE A POST OFFICE BOX) Sunrise, FL 33325 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: . Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I um familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOSE MEDINA	643 VISTA ISLES DRIVE
Add			АРТ 1822
X Remove			SUNRISE, FL 33325
2) Change	VP	ERNESTO PEREZ	16240 S POST RD APT 101
X Add			WESTON, FL 33331
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

). (Be specific)	
		
		
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If an amendment provides for an expressions for implementing the ar	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
f an amendment provides for an ex provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
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The date of each amendment(s) adoption:	, if other than th
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 dedocument's effective date on the Department of State's records.	ate will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
Dated 07/17/2020	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
RUBEN FUENTES	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)