P19000070332

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: COMINT CORP DOCUMENT NUMBER: P19000070332 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEPHAN LOPEZ ESQ. Name of Contact Person STEPHAN LOPEZ LAW FIRM, LLC. Firm/ Company 14875 NW 77TH AVENUE #206 Address MIAMI LAKES, FL 33014 City/ State and Zip Code STEPHAN@STEPHANLOPEZLAWFIRM.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 255-6005

Area Code & Daytime Telephone Number SALEH SALEH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

01

COMINT CORP

(Name o	f Corporation as currently	filed with the Florida I	ept. of State)	
	P1900003	70332		
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporatio	n adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporat professional corporatio	ed" or the abbreviatio n name must contain	n "Corp.," a the word
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if application (Mailing address MAY BE A POST)				201
				
D. If amending the registered agent an new registered agent and/or the new			name of the	
Name of New Registered Agent	EDWARD GARCIA INC.			4
	6163 MIAMI LAKES DRI	VE #E		
	(Florida stre	ret address)		•
New Registered Office Address:	MIAMI LAKES	_,,	, Florida33014	
		(City)	(Zip C	lode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar w	ith and accept the obliga	tions 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 <math>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	V	SALEH SALEH	1740 NW 104 AVENUE
X Add			PEMBROKE PINES, FL 33026
Remove	D	SALEH SALEH	1740 NW 104 AVENUE
2) Change X Add			PEMBROKE PINES, FL 33026
Remove 3) Change	<u>T</u>	SALEH SALEH	1740 NW 104 AVENUE
X Add			PEMBROKE PINES, FL 33026
Remove 4) Change	D	SAMIR EL AGRA ELLBREDY	8430 SW 40 STREET
X Add			MIAMI, FL 33155
Remove 5) Change	S	SAMIR EL AGRA ELLBREDY	8430 SW 40 STREET
X Add			MIAMI, FL 33155
Remove			
6) Change			<u> </u>
Add			
Remove			

	sheets, if necessary).	icles, enter change(s) (Be specific)			
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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 wild document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE)	Il not be listed as the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE)	Il not be listed as the
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Adoption of Amendment(s) (CHECK ONE)	II not be listed as the
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The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
OCTOBER 8,2020 Dated	
(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 court appointed fiduciary by that fiduciary)	
SAMIR EL AGRA ELLBREDY	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)