P20000054328

(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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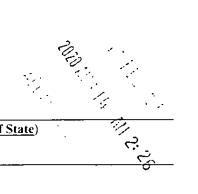
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: STRATTO TECH	NOLOGIES INC	
	BER: P20000054328		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	RANIERI MESTRONI		
		Name of Contact Persor	1
	STRATTO TECHNOLOGIE	ES INC	
		Firm/ Company	
	1427 CAPRI LN, APT 5001		
		Address	
	WESTON, FL 33326		
		City/ State and Zip Code	.3
	MESTRONI@GMAIL.COM	[
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea		2157417
	of Contact Person	at (754) 2137417
ivaine	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	or 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)	El\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Div P.O	endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of



STRATTO TECHNOLOGIES INC

	<u> </u>
(Name of Corporation as current	tly filed with the Florida Dept. of State)
220000054328	بر. ج
(Document Number	of Corporation (if known)
fursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
ame 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.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1427 CAPRI LN. APT 5001
Principal office address <u>MUST BE A STREET ADDRESS</u>)	WESTON, FL 33326
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 268581
	WESTON, FL 33326
If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	is:
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	(City) Florida (Zip Code)
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registered Agen	ıt:
hereby accept the appointment as registered agent. I am familiar	
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)

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	P	RANIERI MESTRONI	1427 CAPRI LN. APT 5001
XAdd			WESTON, FL 33326
Remove			
2) Change			
Add			
Remove 3) Change			
Add			9
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			

	(Be specific)	
		
-		
-		
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
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<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	

. . .

The date of each amendment(s) ad date this document was signed.	08/05/2020 option: if other than the
Effective date if applicable:	
<u> </u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl- document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s)
	resent for approval.
☐ The amendment(s) was/were approvided for a	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
must he separately provided for e	oved by the shareholders through voting groups. The following statement
must he separately provided for a	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):