P200000 64024

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ALED GROUP CORPOREATION DOCUMENT NUMBER: P20000064024 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANDRES AVILA Name of Contact Person MULSERV CORP Firm/ Company 4711 NW 79TH AVE SUITE 4D Address DORAL FLORIDA 33166 City/ State and Zip Code ANDRES@MULSERV.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 2772308

Area Code & Daytime Telephone Number ANDRES AVILA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & \$52.50 Filing Fee S35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALED GROUP CORPORATION

(Name of	Corporation as curren	tly filed with the Florida Dept. of State)	
P20000064024			\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	0.		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		The new
name must he distinguishable and contain the "Inc.," or Co.," or the designation "Cos" chartered." "professional association." o	rp," "Inc," or "Co".	"company," or "incorporated" or the abbrev A professional corporation name must co ."	iation "Corp.,"
B. Enter new principal office address. if applicable:		1325 NW 96rd CT SUITE B104	
	(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O.		1325 NW 96rd CT SUITE B104	
(ag	,	DORAL FLORIDA 33172	
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent			
=	(Florida	street address)	
New Registered Office Address:	N/A	(City) Florida	(Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as register	anging Registered Age red agent. I am familia	nt: r with and accept the obligations of the positi	ion.
	Signature of New	Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed put	rsuant to s. 607.0120 (1	1) (e), F.S.	

address of each Officer (Attach additional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO President, Treasurer, D Changes should be note	r and/or I s, if neces. lirector tit e Presiden = Chief F irector wo d in the fo	Director being sary) le by the first l t; T= Treasure inancial Office ould be PTD. bllowing manne corporation, Se	added: letter of the office title: let; S= Secretary; D= Director; TR= ler. If an officer/director holds more the ler. Currently John Doe is listed as the ally Smith is named the V and S. These	Trustee; C = Chairman or Glerk; CEO = Chief an one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is a should be noted as John Doe, PT as a Change,
Example: X Change	PT	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>Na</u>	<u>me</u>	Address
l) Change	P	AI	LEXANDRA C CAMPOS GUARI	13751 NW 4TH STREET
Add				APT 301D
X Remove				PEMBROKE PINES FL 35028
2) Change	VP	EI	OWIN F HOYOS	13751 NW 4TH STREET
Add				APT 301D
X Remove				PEMBROKE PINES FL 33028
3) Change	P	EI	OWIN F HOYOS	13751 NW 4th STREET
X Add				APT 301D
Remove				PEMBROKE PINES FL 33028
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				

____ Add

__ Remove

(Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares.	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions to implementing the amendment it not contained in the amendment itself.	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) (A	

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	08/27/2020	10 3 3
The date of each amendment(s) a	doption:	if other than the
date this document was signed.		
Effective date if applicable:	27/2020	
Effective date if applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	···	
V;	(voting group)	
08/27/2020	0	
Dated		
Signature		
(By 20	director, president or other officer - if directors or officers have not been	
	ed; by an incorporator - if in the hands of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)	
	ALEXANDRA C CAMPOS GUARDIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	