921000012507

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	(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: LOTUS 5PL COR	P	
	IBER: P21000012507		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	OLGA HERNANDEZ		
		Name of Contact Person	n
		Firm/ Company	
	9010 SW 137 AVE SUITE 2	205	
		Address	
	MIAMI, FL 33186		
		City/ State and Zip Code	2
	OLGA@ITAXPROFESSION	NAL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
OLGA HERNANDI	EZ	at (do & Dautima Talanhana Numbar
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	nrtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

TR	Δ	DΙ	N	C	GR	Δ C	E.	\sim	ď	E

TRADING GRACE CORP		
(Name	of Corporation as currently	filed with the Florida Dept. of State)
P21000012507		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
LOTUS 5PL CORP		
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association,	Corp," "Inc," or "Co". A	The new ompany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
B. Enter new principal office address,	if annlicable:	9010 SW 137 AVE SUITE 205
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33186
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9010 SW 137 AVE SUITE 205
		MIAMI, FL 33186
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	PAULA BETANCOURT	
	7925 SW 86 ST # 923	w Fig
	(l'Iorida stre	et address) 300 3 50
New Registered Office Address:	MIAMI	Florida 33143
	(City) (LinCode)
		,
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 obligations of the position.
paula t can, urt (Dec	2,2001 21 05 EST.	
	Signature of New Res	gistered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (c), 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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
I) Change	sv	RAMIREZ, JOHAN ANDRES	9010 SW 137 AVE SUITE 205	
X Add			MIAMI, FL 33186	
Remove				
2) Change	<u>V</u>	SHAIKH, ABDUL	9010 SW 137 AVE SUITE 205	
X Add			MIAMI, FL 33186	
Remove Change				
Add			 	
Remove				
4) Change				
Add				
Remove				
5) Change	 -			
Add				
Remove				
6)Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	12/02/2021	, if other than the
date this document was signed.		
	2/02/2021	
Effective date <u>if applicable</u> : _	(no more than 90 days after t	amendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutor Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of direct	ctors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of visufficient for approval.	votes cast for the amendment(s)
The amendment(s) was/were must be separately provided	approved by the shareholders through voting a portion of each voting group entitled to vote separate	groups. The following statement cly on the amendment(s):
"The number of votes of	st for the amendment(s) was/were sufficient	for approval
by		
	(voting group)	······································
12/02/20 Dated	21	
	Promise in second	
(By a selec	director, president or other officer – if direct ted, by an incorporator – if in the hands of a r inted fiduciary by that fiduciary)	
	PAULÁ BETANCOURT	
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person signing)	