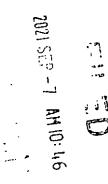
# P210000 16909

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(,	
(Document Number)	
(,	
Certified Copies Certificates of Stat	110
Certified Copies Certificates of State	us
	-
Special Instructions to Filing Officer:	

Office Use Only



600372679646



Anund

SEP 1 9 2021 LALBRITTON

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PSICONFORT CO	RPORATION			
DOCUMENT NUME	BER: P21000016909				
	of Amendment and fee are su	bmitted for filing	•		
Please return all corres	pondence concerning this ma	tter to the followi	ng:		
	GUSTAVO A. SERRANO B	AUZA			
		Name of Cont	act Person		
	SC GLOBAL ADVICE LLC				
		Firm/ Cor	npany		
	261 N University Drive, Suite	e 500			
		Addre	:SS	····	
	Plantation, FL 33324				
		City/ State and	I Zip Code		
	gserrano@scgadvice.com				
	E-mail address: (to be us	sed for future ann	ual report	notification)	
For further information Gustavo Serrano Bauz	n concerning this matter, pleas		954	6128010	
Name o	of Contact Person	at (	Area Coc	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Flo	orida Depa	rtment of State:	
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Cop (Additional copenclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314		Amenda Division 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

## **PSICONFORT CORPORATION** (Name of Corporation as currently filed with the Florida Dept. of State) P21000016909 nt(s) to

A. If amending name, enter the new name of the corporation:	The ne			
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,			
B. Enter new principal office address, if applicable:	261 N UNIVERSITY DRIVE, SUITE 500			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	PLANTATION, FL 33324			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	261 N UNIVERSITY DRIVE, SUITE 500			
	PLANTATION, FL 33324			
Name of New Registered Agent				
tFlorida stre	ret address)			
	, Florida			
New Registered Office Address:	• • • • • • • • • • • • • • • • • • • •			

☐ 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>P1</u>	<u>noun inc</u>	<u>se</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	CFO	_	Rafael E. Quintero Martinez	261 N University Drive, Suite 500
_XAdd				Plantation, FL 33324
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add			_	
Remove				

ruacii aaanto	nal sheets, if necessary).	(Be specific)			
	<del></del>		<del></del> _		
•				-	<del></del>
<del></del>				<del></del>	
				-	
			_ <del>.</del>		
				<del></del>	
		<del> </del>	<del></del>		
				<u>.</u>	<del></del>
f an amendn	ent provides for an exch	<u>ange, reclassificat</u>	<u>ion, or cancellatio</u>	n of issued shares.	
provisions fo	implementing the amerolicable, indicate N/A)	ndment if not cont	ained in the amen	dment itself:	
(у ног ар	neane, maicae ma)				
		<del> </del>			
	<del></del>	<del></del>			
<del> </del>		<u> </u>			

DocuSign Envelope ID: 1CEE8C71-CE88-4510-832A-30762AF92DC2

The date of such a such date.	August 30, 2021	20 4 4
date this document was signed	it(s) adoption:d.	, if other than the
Effective date <u>if applicable</u> :	August 30, 2021	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholde	er action and shareholder
	ere adopted by the shareholders. The number of votes cast for the amend were sufficient for approval.	ment(s)
	ere approved by the shareholders through voting groups. The following standard for each voting group entitled to vote separately on the amendment(s)	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Aug	ust 30, 2021	
Dated		
Signature _	Hanse Oass S.	
Se	By a director, president or other officer – if directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or othe ppointed fiduciary by that fiduciary)	
	María Alejandra Sanchez Briceño	
	(Typed or printed name of person signing)	
	Shareholder-President	
	(Title of person signing)	