Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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MECELVED 022 JAN 27 PM 2: 47 FALLAHASSENSIATES

Division of Corporations

Fax Number : (850)617-6380

Account Name : PEURO LUZQUINOS Account Number : 120170000042 Phone : (954)655-6413

Fax Number : (954)432-8807
\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*

Email Address: PLUROUINOFFE CHOTMAIL COM

# COR AMND/RESTATE/CORRECT OR O/D RESIGN PEOPLE PROJECT GLOBAL TRADING INC.

| Certificate of Status | 0       |
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#### COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP          | ORATION: PEOPLE PROJE   | CT GLOBAL TRADING                            | INC.   |
|-----------------------|---|--|--|
| DOCUMENT NU           | MBER: P21000034613  |  |  |
| The enclosed Articl   | es of Amendment and fee are   | submitted for filing.                        |  |
|                       | respondence concerning this n   |  |  |
|                       | FERNANDEZ, JULIE  |  |  |
|                       |   | Name of Contact Person                       | on   |
|                       |   | Firm/ Company                                |  |
|                       | 10264 NW 75 TER   |  |  |
|                       | DORAL, FL 33178   | Address                                      |  |
|                       |   | City/ State and Zip Coo                      | de   |
|                       | pluzquinosi@hotmail.com   |  |  |
|                       | E-mail address: (to be u  | sed for future annual report                 | notification)  |
| For further informati | on concerning this matter, plea   | se call:                                     |  |
| PEDRO LUZQUINO        | <u></u>   | at (   | 655-8413   |
| Name                  | of Contact Person   | Area Co                                      | de & Daytime Telephone Number  |
| Enclosed is a check ( | or the following amount made  | payable to the Florida Dep                   | artment of State:  |
| \$35 Filing Fee       | S43.75 Filing Fee & Certificate of Status   | Certified Copy (Additional copy is enclosed) | Clss2.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Am<br>Div<br>P.O      | tiling Address<br>condiment Section<br>ision of Corporations<br>Box 6327<br>ahassee, FL 32314 | Amend<br>Division<br>The Co                  | Address ment Section n of Corporations entre of Tallahassee L Monroe Street, Suite 810             |

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Tallahassoc, FL 32303

to

## 1 >> 850-617-6381 H220000J57783

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently fi   | TWO TIMES DE LIVE GAR DE   | pr. or stare)          |               |
|--|----------------------------|------------------------|---------------|
| 21000034613  |                            |                        |               |
| (Document Number of Co   | orporation (if known)      |                        |               |
| ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida | rida Profit Corporation    | adopts the following a | mendmeni      |
| . If amending name, enter the new name of the corporation:   |                            |                        |               |
|  |                            |                        |               |
| ame must be distinguishable and contain the word "corporation," "com   | hanv " ur "incornarated    | /// sk k k             | he new        |
| me, or co., or the designation "Lorp," "Inc." or "Co". A pr  | ofessional corporation     | name must contain t    | he word       |
| chartered," "professional association," or the abbreviation "P.A."   | •                          | £                      | 20            |
| Entan many malaysiand of Compaditions of the state of the |                            | 7.5                    | 22            |
| Pincipal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )   |                            | ·                      |               |
| The true office made is most be Astreel ADDRESS  |                            | 14天                    |               |
| -  |                            |                        | <del>-2</del> |
| -  | _                          | <u></u> _              |               |
| Enter new mailing address, if applicable;  |                            |                        |               |
| (Mailing address MAY BE A POST OFFICE BOX)   |                            | •                      | • • •         |
|  |                            |                        | <del></del>   |
| _  |                            |                        |               |
|  |                            |                        |               |
| -  |                            | <u>-</u>               |               |
| If amending the registered agent and/or registered office address  | in Florida, enter the na   | ame of the             |               |
| new registered agent and/or the new registered office address:   |                            | and of the             |               |
| Name of New Production 2 to  |                            |                        |               |
| Name of New Registered Agent   | <del></del>                | <del></del>            |               |
|  |                            |                        |               |
| (Florida street a  | ddress)                    |                        |               |
| New Registered Office Address:   |                            | , Florida              |               |
| (Cit)  | y)                         | (Zip Code              | e)            |
|  |                            |                        |               |
| to Desired Annual Clares and the Second  |                            |                        |               |
| ew Registered Agent's Signature, if changing Registered Agent; are chy accept the appointment as registered agent. I am familiar with  | mad mooned the ability and | f.d                    |               |
|  | али ассері іне опидано     | ns of the position.    |               |
|  |                            |                        |               |
|  |                            |                        |               |
|  |                            |                        |               |
| Signature of New Regist  |                            |                        |               |

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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 teaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Example:

| X Change                      | <u>PT</u> <u>Joh</u>  | n Doe                  |                 |
|-------------------------------|-----------------------|------------------------|-----------------|
| X Romove                      | <u>V</u> <u>Mik</u>   | cc Jones               | ( F             |
| <u>X</u> Add                  | <u>SV</u> <u>Sall</u> | y Smith                | TOR<br>EOR      |
| Type of Action<br>(Check One) | <u>Title</u>          | Name                   | Address         |
| 1) X Change                   | VP                    | FERNANDEZ, JULIE       | 10264 NW 75 TER |
| Add                           |                       |                        | DORAL, FL 33178 |
| Remove                        |                       |                        | 71 G.           |
| 2) Change                     | <u>P</u>              | HAMON PERALTA, ROSALYN | 10264 NW 75 TER |
| X Add                         |                       |                        | DORAL, FL 33178 |
| Remove 3) Change              |                       |                        |                 |
|                               |                       | <del></del>            |                 |
| Remove                        |                       |                        |                 |
| 4) Change                     |                       |                        |                 |
|                               |                       |                        |                 |
| Remove                        |                       |                        |                 |
| 5)Change                      | <del></del>           |                        |                 |
| Add                           |                       |                        |                 |
| Remove                        |                       |                        |                 |
| 6) Change                     |                       |                        |                 |
| Add                           |                       |                        |                 |
| Remove                        |                       |                        |                 |

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| (Attach additional sheets, if necessary). (Be specific)   |             |          |
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| an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: |             |          |
| (if not applicable, indicate N/A)   | •           |          |
|   |             | =        |
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### 1 >> 850-617-6381 (-(こくひひひひ) ナケロノ

| The date of cost on the second  | 01/27/2022   |                    |
|---|--|--------------------|
| The date of each amendment(s) adoptions dute this document was signed.              |  | , if other than th |
| Effective date if applicable: 01/27/2022  |  |                    |
|   | (no more than 90 days after amendment file date)   |                    |
| Note: If the date inserted in this block document's effective date on the Departmen | es not meet the applicable statutory filing requirements, this date will not of State's records.   | ot be listed as th |
| Adoption of Amendment(s)  | (CHECK ONE)  |                    |
| ☐ The amendment(s) was/were adopted by action was not required.                     | the incorporators, or board of directors without shareholder action and a  | nareholder         |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient        | the shareholders. The number of votes east for the amendment(s) for approval.  |                    |
| must be separately provided for each vol  | y the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):                                     | <br>2022 JAN       |
|   | mendment(s) was/were sufficient for approval   | 27                 |
| by(   | (voting group)   | 78 U : 34          |
| 01/27/2022<br>Dated   |  | <br>€              |
| Signature   | ie Fernander   |                    |
| sciected, by an i   | resident or other officer - if directors or officers have not been incorporator - if in the hands of a receiver, trustee, or other court lary by that fiduciary) |                    |
| FERNA   | NDEZ, JULIE  |                    |
| <del></del>   | (Typed or printed name of person signing)  | <del></del> _      |
| VICE PI   | RESIDENT   |                    |
|   | (Title of person signing)  |                    |