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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	O JMEC USA CORP		
P21000041001 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
LESLIE BERKLEY			
	(Name of Contact I	Person)	
	(Firm/ Compar	ny)	
11650 FICTION AVENUE APT 102			
	(Address)	<u> </u>	· · · · · ·
ORLANDO, FL 32832			
	(City/ State and Zip	Code)	
eortiz@ibarealty.com			
E-mail address: (to b	oe used for future annual re	port notification	1)
For further information concerning this matter,	please call:		
ENRIQUE ORTIZ RICCI	a	786 .t	417 3932
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		Certifi is Certif	D Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section		treet Address mendment Sect	ion

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CONSORCIO JMEC USA CORP

Name of Corporation as currently filed with the	Florida l	Dept. of State)	
P21000041001		<u> </u>	
(Docum	nent Numb	er of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida No</i>	at For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporat	ion:	
NONE			The nev
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorpo	rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	hle:	NONE	
(Principal office address MUST BE A STREET A)	
		 	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	<u>BOX</u>)	NONE	
D. If amending the registered agent and/or registered agent and/or the new registered.			rida, enter the name of the
new registered agent and/or the new register	NONE	iuaress:	
Name of New Registered Agent:	NONE		
New Registered Office Address:			(Florida street address)
	NONE		Florida
		(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen			cent the obligations of the position.
mercoy accept me appointment as registered agen	1 ju	rissistar reserb terste tat.	cope conganone of the position.
_	S	ignature of New Ro	egistered Agent, if changing

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.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change Add	P	JOHAN M EMANUEL	11650 FICTION AVENUE APT 10 ORLANDO, FL 32832
x Remove			
2) Change Add	<u>P</u>	JOHANS MARTIN EMANUEL CAI	11650 FICTION AVENUE APT 10 ORLANDO, FL 32832
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		Mar09-Apr08	
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee EIN # 86-3780765		icles, enter change(s) here: (Be specific)	
			<u> </u>
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,	MAY 15 2021	
The date of each amendment(s) adoption:	MAY 15, 2021	, if other than the
date this document was signed.		
Effective date if applicable: MAY 15, 202	1	
(no	more than 90 days after amendment file date)	
	ot meet the applicable statutory filing requirements, this date will not be	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

Dated	MAY 15, 2021
	Just Burt
Signatur	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	LESLIE BERKLEY
	(Typed or printed name of person signing)

(Title of person signing)