P21000055424

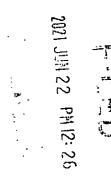
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ADIBSUS INC						
DOCUMENT NUM	BER: P21000055424						
	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	MANUEL PRADAS						
		Name of Contact Persor	1				
	GAM SERVICES						
		Firm/ Company					
	1820 N CORPORATE LAK	ES BLVD SUITE 206-10					
		Address					
	WESTON, FL 33326						
		City/ State and Zip Code	<u></u>				
	mp.gamservices@gmail.com						
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
MANUEL PRADAS		954	217 0223				
Name	of Contact Person	Area Co)de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)				
	iling Address endment Section		Address ment Section				
	ision of Corporations	Division of Corporations					
	Box 6327	The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ADIBSUS INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000055424	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7021 JUL 22 PI
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	4 addressi
New Registered Office Address:	. Florida
	'tty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing

Check if applicable

☐ 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:

 $P \rightarrow President; V = Vice President; T \rightarrow Treasurer; S \rightarrow Secretary; D \rightarrow Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Financial Officer. If an officer-director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: XChange	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	GABRIEL MACHTA	1251 NW 20th St Apt 407
Add			MIAMI, FL 33142
Remove			
2) X Change	VP	GEFRY KARBAGE DE MACHTA	1251 NW 20th St Apt 407
Add			MIAMI, FL 33142
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

<u>f amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
	····
_ -	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(3)	

6/12/2021	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's r	he applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK O	<u>NE</u>)
The amendment(s) was/were adopted by the incorpor action was not required.	ators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sharehol by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes cast for the amendment(s) was/were sufficient for approval
bv	."
tvoting group	0)
6/14/2021 Dated	Wat A
(By a director, president or o	Ther officer - if directors or officers have not been - if in the hands of a receiver, trustee, or other court iduciary)
GABRIEL MACHT	Α
(Typed or	printed name of person signing)
PRESIDENT	
(Title of p	person signing)