P21000065692

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(Ad	ldress)	
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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 2 8 2021 S. **PRATHER**

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: AUSTRAL GROU	JP CORP	
DOCUMENT NU	D21000065602		
The enclosed Articl	es of Amendment and fee are st	ibmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	ARIADNA M OJEDA		
		Name of Contact Person	1
	AYUDA CENTER		
		ADNA M OJEDA Name of Contact Person JDA CENTER Firm/ Company CORAL WAY Address MI, FLORIDA 33155 City/ State and Zip Code EDA@AYUDACENTER.COM E-mail address: (to be used for future annual report notification) beening this matter, please call: at (305	
	8230 CORAL WAY		
		Address	
	MIAMI, FLORIDA 33155		
		City/ State and Zip Code	<u>;</u>
	AOJEDA@AYUDACENTE	R.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
ARIADNA M OJE	DA	305	971-5232
Nam	e of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
A D P.	ailing Address mendment Section ivision of Corporations O. Box 6327 illahassee, FL 32314	Amend Divisio The Cc 2415 N	ment Section n of Corporations entre of Tallahassee

Articles of Amendment Articles of Incorporation υf AUSTRAL GROUP CORP (Name of Corporation as currently filed with the Florida Dept. of State) άi P21000065692 (Document Number of Corporation (if known)

ient(s) to

	corporation:	77
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". A professional co	The ne vorporated" or the abbreviation "Corp., rporation name must contain the wor
3. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)		
If amending the registered agent and/or registence new registered agent and/or the new registered.		nter the name of the
Name of New Registered Agent		
	(Florida street address)	
		Florida
New Registered Office Address:		
New Registered Office Address:	(City)	(Zip Code)

Check if applicable

 \square 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)

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>	<u>John Doe</u>	
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>	Address
I) Change	S	ARIADNA M OJEDA	8230 CORAL WAY
Add X Remove			MIAMI, FL 33155
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

	y). (Be specific)
<u>-</u> .	
If an amendment provides for an ex	schange, reclassification, or cancellation of issued shares,
If an amendment provides for an expressions for implementing the an	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
If an amendment provides for an exprovisions for implementing the all (if not applicable, indicate N/A)	vehange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
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	08/19/2021		
The date of each amendment date this document was signed.		, if other th	ian the
_	08/19/2021		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Note: If the date inserted in the	his block does not meet the applicable statutory filing requirements, this date wi	ll not be listed	as the
document's effective date on the	e Department of State's records.		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder action and	d shareholder	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.		
	c approved by the shareholders through voting groups. The following statement I for each voting group entitled to vote separately on the amendment(s):		
"The number of votes	cast for the amendment(s) was/were sufficient for approval		
by	"	्र करीयः कर्मः कः ज्लो	-
·/	(voting group)	2021 SI SECRE	
		ARE ARE	
Dotail	2021	P ASS	<u>–1</u>
Dated(20-14-12021	333 4.4 1.4	[1] [
Signature			Ö
(By sel	a director, president or other officer – if directors or officers have not been eeted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	5: 48 STATE LORIDA	
	ANDRIA ENRIQUE GONZALEZ DIAZ		
	Typed or printed name of person signing) PRESIDENT	_	
	(Title of person signing)		

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