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TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA		L PROJECT MANAGEME	ENTS, INC	
DOCUMENT NUMBE	P22000077411			
	Amendment and fee are sub	omitted for filing.		
	ondence concerning this mat	_		
		ner to the following.		
r. 	ATRIZIA BONADUCE			
		Name of Contact Person		
9	416 NE 2nd. AVE.	Firm/ Company		
_	* * * * * * * * * * * * * * * * * * * *	Address		
N	MIAMI SHORES, FL 33138			
_		City/ State and Zip Code	;	
P	ATRIZIA@BONADUCE.NI	ET		
_	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
PATRIZIA BONADUCE		786	5377868 _) de & Daytime Telephone Number	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address 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

(Name of Corn	aration as currently	filed with the Florida	Dent of State)	20221.37 4 13 1:1
ARA GLOBAL PROJECT MANAGEMENTS, I			<i></i>	
(D	ocument Number of	Corporation (if known)	<u> </u>	_ .
Pursuant to the provisions of section 607.1006, F is Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporati	ion adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of t	the corporation:			
				The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the c	"Inc," or "Co". A	mpany," or "incorpora professional corporati	nted" or the abbrevi on name must co	iation "Corp" ntain the word
B. Enter new principal office address, if appli	cable:			
(Principal office address <u>MUST BE A STREET</u>				
				
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
D. If amending the registered agent and/or re		ss in Florida, enter th	e name of the	
new registered agent and/or the new regist	ered office address:			
Name of New Registered Agent				·
	(Florida stree	t address)		
New Registered Office Address:			. Florida	
New Registered Office Hadres.	10	ity)		Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered ago	Registered Agent:	th and account the ablic	ations of the positi	
hereby accept the appointment as registered ago	eni. Tum jamiliar wi	in ana accept the ootig	unons of the position	on.
	Signature of New Reg	sistered Agent, if chang	ing	
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 = 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change X	Title MGR	Name PATRIZIA BONADUCE	Address 9416 NE 2md. AVE., MIAMI SHORES, FL 33138
Add Remove 2) Change Add			
Remove 3) Remove Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

(Attach addition	adding additional Ar al sheets, if necessary)	(Be specific)			
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F. <u>If an amendme</u>	ent provides for an ex- implementing the an	change, reclassifica	tion, or cancellation	of issued shares,	
if not ann	licable, indicate N/A)	nendinent it not con	itamed in the ament	ment itsen.	
(9	,				
					
					
			<u> </u>		
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<u> </u>					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
· •	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ade action was not required.	opted by the incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes callifficient for approval.	st for the amendment(s)
	proved by the shareholders through voting groups. each voting group entitled to vote separately on the	
ARA GLOBAL PROJ	for the amendment(s) was/were sufficient for appr ECT MANAGEMENTS Inc.	oval
	(voting group)	- -
selecto	irector, president or other officer – if directors or o d, by an incorporator – if in the hands of a receiver ted-fiductary by that fiduciary) HERNAN ARCILA (Typed or printed name of person signi	, trustee, or other court
	(Title of person signing)	