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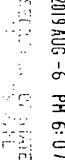
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PARAISO GLO	BAL. INC
DOCUMENT NUMBER: P98000035694	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
ROBERTO KURY	
	Name of Contact Person
	Firm/ Company
936 SW 1ST AVE #1084	
MIAMI, FL 33130	Address
	City/ State and Zip Code
ROBERTOKURY@GMAIL.CC	DM V
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pla	ease call:
ROBERTO KURY	at (617 ) 820-6347
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PARAISO GLOBAL, INC.			
(Name of Corporation as curren	ntly filed with the Florida Dep	t. of State)	
P98000035694			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation a	dopts the following amendment	(s) to
A. If amending name, enter the new name of the corporation:			
N/A		Thenew_	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor	orated" or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			4,000 1,000
( The part of the address Most DE MORRELL ADDRESS)		<u> </u>	
		.; <b>6</b> →	erarin
		PH 6:	. 5 U
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>	Legal P
<u></u>	<del></del>	7 2	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		me of the	
N/A Name of New Registered Agent			
Name of New Registered Agent			
42 1		<del> </del>	
(rioriai) N/A	street address)		
New Registered Office Address:	· ·	_, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: ir with and accept the obligation	is of the position.	
Signature of New	v Registered 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PTS	ROBERTO KURY	936 SW 1st Ave #1084
X Add			Miami, FL 33130
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additi</i>	or adding additional ional sheets, if necessar	y). (Be specific)	ngets) nere:		
N/A					
-					
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	<del></del>		·		
F. <u>If an amend</u>	ment provides for an	exchange, reclassif	ication, or cancell	<u>ation of issued sh</u>	ares,
provisions to	for implementing the applicable, indicate N/	<u>amendment if not c</u> ()	contained in the a	mendment itself:	
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
				_	
<del></del>	<del></del>				

The date of each amendment(s) a date this document was signed.	JULY 29, 2019 doption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad- action was not required.	opted by the incorporators without shareholder action and shareholder	
JULY 29, Dated	2019	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	ROBERTO KURY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . .