## 540861

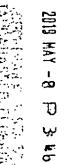
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

C.P.S. INTERNATIONAL INC.							
XXCUMENT NUMBER:							
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.					
Please return all corres	spondence concerning this ma	atter to the following:					
		RODRIGO CORD	ON				
		Name of Contact Perso	n				
		C.P.S. INTERNATIONA	ALINC.				
		Firm/ Company					
	2200 NW 129 AVENUE SUITE 108						
	Address						
	MIAMI, FL 33182						
		City/ State and Zip Cod	e				
	PER	RBUSSOL@AOL.COM					
	E-mail address: (to be u	sed for future annual report	notification)				
For further information	n concerning this matter, plea	se call:					
ROE	PRIGO CORDON	305 at (	594-7675				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	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)				

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of

C.P.S. INTERNATIONAL INC.

(Name of Corporation a	as currently filed with the Florida Dept. of State)
	S40861
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
"Corp.," "Inc.," or Co.," or the designation "Corp." "	Thenew corporation," "company," or "incorporated" or the abbreviation 'Inc," or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the abb	reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling datess MAT DE ATOST OFFICE BOX)	
	<del></del>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Flopida :
	(City) (ACCode)
New Registered Agent's Signature, if changing Register	red Agent:
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position-
	The state of the s
Signature	of New 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)

Remove

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: <u>X</u> Change	<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	Name	<u>Addres</u> s
1) Change	D	LEOPOLDO REYES	9933 SW 156 CT
X Add			MIAM!, FL 33182
Remove			
2) Change			
Add			
Remove			
3 ) Change		<del>-</del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change	. <u> </u>	-	<del></del>
Add			1=

macii badiinimai ,	heets, if necessary). (	(Be specific)				
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			<u>-</u>			
				-		
an amendment p	rovides for an exchan	ge, reclassificatio	n, or cancellation	n of issued shares		
rovisions for imp	lementing the amend	ment if not contai	ned in the amend	dment itself:	-	
(if not applica	ble, indicate N/A)					
				-,-		
<u> </u>						

. . . .

The date of each amendment(s) adoption:	if other than the
date this document was signed.	<del></del>
Effective date if applicable:	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"  (voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
MAY 2, 2019	
Dated	
Signature X SalariO	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
RODRIGO CORDON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	