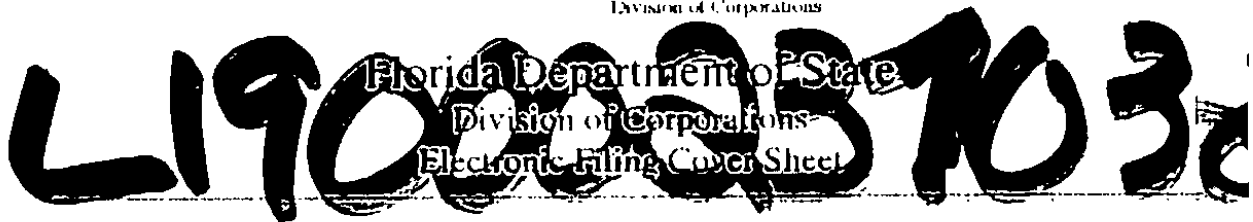


10/16/2019

Division of Corporations



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(((H19000307684 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (844)941-1120
Fax Number : (305)602-3977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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CANDY WORLD LLC**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CANDY WORLD LLC

2019 OCT 16 P 2:54

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/30/2019 and assign

Florida document number L19000237038

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:**(Principal office address MUST BE A STREET ADDRESS)****Enter new mailing address, if applicable:****(Mailing address MAY BE A POST OFFICE BOX)****B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:**Name of New Registered Agent:New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	GINA DEL ROCIO VALVERDE LEON	9590 NW 40TH STREET RD	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
MGR	JUAN PABLO PALACIOS VICUNA	9590 NW 40TH STREET RD	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

UPDATE EIN: 84-3229699

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed: document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER 16, 2019



Signature of a member or authorized representative of a member

MARCO P MOYA QNATE

Typed or printed name of signer