N21000007406

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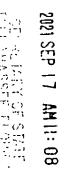
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COVER LETTER

TO: Amendment Section Division of Corporations

Aportes De z	Megria		
N21000007406			
DOCUMENT NUMBER:		<u></u>	
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning the	nis matter to the following	; ;	
Yeraldine Rosales			
	(Name of Contac	t Person)	
Aportes de Alegria			
_ .	(Firm/ Comp	any)	
9480 NW 41 ST APT 102			
	(Address)	
Doral, FL 33178			
	(City/ State and Z	(ip Code)	
yeraldinerosales1@gmail.com			
E-mail address: (to	be used for future annual	report notification	<u>n)</u>
For further information concerning this matter	, please call:		
Yeraldine Rosales		786 at	312-7641
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florid	da Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	-	Centif by is Centif (Addi	0 Filing Fee icate of Status ied Copy itional Copy is osed)
Mailing Address		Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED
2021 SEP 17 AMIL: 08

Aportes de Alegna		
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	74585,05 871
N21000007406		1977年
(Document N	lumber of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
	· · · · · · · · · · · · · · · · · · ·	The nev
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
		 .
		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
1). If amending the registered agent and/or registered new registered agent and/or the new registered off		ı, enter the name of the
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		
		, Florida
	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered agent. I a	m familiar with and accep	t the obligations of the position.

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)

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: X Change X Remove X Add	PT John De Y Mike Je SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	VP	Yetzenia Rosales	9480 NW 41 ST APT 102 Doral, FI 33178
x Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		<u>cles, enter change(s) here</u> : (Be specific)	
			1
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		<u> </u>
		<u></u> _
The date of each amendment(s) adoption: date this document was signed	·	if other than the
Det is to the		
Effective date if applicable:	o more than 90 days after amendment file date)	
·nc	o more than 90 days after amenament file date)	
Note: If the date inserted in this block does redocument's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

Dated	09/02/2021
Signatu	
	(By the/chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Yeraldine Rosales
	(Typed or printed name of person signing)

(Title of person signing)