P000000108489

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>Hispaniola Mana</u>	ment Corporation				
DOCUMENT NUME	BER: <u>P00000108489</u>	<u> </u>				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
		Bianca Antunez	:			
-		Name of Contact Person	n			
	Alvarez & Diaz-Silveira LLP					
•		Firm/ Company				
	355 Alhambra Circle Suite 1450					
-	Address					
	Coral Gables, Florida 33134					
•		City/ State and Zip Cod				
	E-mail address: (to be u	BANTUNEZ@ADSLL sed for future annual report	.P.COM notification)			
	,		,			
For further information	concerning this matter, plea-	se call:				
	Bianca Antunez	at (305				
Name o	Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S \$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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

HISPANIOLA MANAGEMENT CORPORATION

			<u> </u>		
(Name of Corpo	ration as currently	filed with the Florida	Dept. of State)		
	P00000108	3489			
(Do	cument Number of C	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporatio	on adopts the fo	llowing amen	dment(s) t
A. If amending name, enter the new name of th	e corporation:				
				The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp, " "Inc," or "C	o". A professional coi			
B. Enter new principal office address, if applica	able:			20	
(Principal office address MUST BE A STREET A				9.0	_
				<u>:- 3</u>	- ";
					. .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POV)			<u> </u>	
(Mailing datasess SIAT BLATOST OFFICE	<u> 100.4</u>)		 -	, 	_
			f	~ 0	_
D. If amending the registered agent and/or regi		<u>ss in Florida, enter the</u>	name of the		
new registered agent and/or the new register	red office address:				
Name of New Registered Agent	Alvarez 8	& Diaz- Silveira, LLI)		
	355 Alh:	ambra Circle, Suite :	1450		
	(Florida stree				
	Comi	Gables		22121	
New Registered Office Address:		City)	Florida	33134 (Zip Code)	_
		,,,		(Esp Cour)	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registered ager		th and accept the obliga	itions of the pos	ition.	•
	few C	e. Oly			
	Signature of New Res	oistered Agent if chang	ina		

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	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Joi	nes		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	Title		Name	4	Address
1) Change					
Add				_	
Remove				_	
2) Change					
Add					
Remove				_	
3) Change		_		_	
Add				_	
Remove				_	
4) Change					
Add		_			
Remove				_	
5) Change					
51 Change				_	
Add				_	
Remove				_	
6) Change		_			
Add				_	
Remove					

Attach additional sheets, if necessary),	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
	,	
	.	
	<u> </u>	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
,	•	-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'''	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Sept on box 26, 2019	
Signature Collection C	
(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 courappointed fiduciary by that fiduciary)	t
Pedro A H Vare 7 (Typed or printed name of person signing)	
Authorized Representative	
(Title of person signing)	