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F. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FRITANGA LAS	PIEDRECITAS CORP.	
DOCUMENT NUME	DO1000063408		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	HONER ALFREDO BRAVO)	
		Name of Contact Persor	1
	FRITANGA LAS PIEDREC	ITAS	
		Firm/ Company	
	8230 NW 103RD STREET		
	<u></u>	Address	
	HIALEAH, FL 33016-2202		
		City/ State and Zip Code	e
LASE	PIEDRECITAS@OUTLOOK	.СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
HONER ALFREDO F	BRAVO	305 at (978-4792
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)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation $\sqrt{7}$ $\sqrt{7}$

FRITANGA LAS PIEDRECITAS CORP.

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)
P01000063408		
	(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or "Co	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl		N/A
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)	
N. M		
D. If amending the registered agent ar new registered agent and/or the ne		s in Florida, enter the name of the
Name of New Registered Agent	HONER ALFREDO BRAV	o e
Author of the Registreet Agent	8230 NW 103RD STREET	
	(Florida street	address)
New Registered Office Address:	HIALEAH	. Florida 33016
New Registered Confee Madress.		ity) (Zip Code)
New Registered Agent's Signature, if c		h and accept the obligations of the position.
()		a und accept the omigunous of the position.
	#	
	Signature of New Reg	istered Agent, if changing
\sim		

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.

X 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	GERONIMO BRAVO	
Add X Remove			
2) Change	VD	MARLENE BRAVO	
Add X Remove			
3) Change	PD	HONER ALFREDO BRAVO	8230 NW 103RD STREET
X Add			HIALEAH, FL 33016-2202
Remove			
4) Change	VD	YAMILE MARIA BRAVO	8230 NW 103RD STREET
X Add			HIALEAH, FL 33016-2202
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Romava			

	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)	
N/A		
		
		•
	- · - - ·	-
. <u>If a</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
₹/A	(y noi appacame, maicaie 1923)	
		_

JULY 1, 2017
The date of each amendment(s) adoption:
JULY 1, 2017
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 date will not be listed as the document's effective date on the Department of State's records.
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 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)
☐ 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.
JUNE 28, 2017
Dated
Signature
(Explanational and 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)
GERONIMO BRAVO
(Typed or printed name of person signing)
PRESIDENT DIRECTOR
(Title of person signing)