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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SEGURVENCA C	ORP			
	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	AMILCAR RUIZ				
		Name of Contact Person			
	SEGURVENCA CORP				
		Firm/ Company			
	10902 NW 83RD STREET BUILDING 7 APT 206				
	Address				
	DORAL, FL 33178				
		City/ State and Zip Code			
	DRHOUSEFLORIDA@GM.	AIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
AMILCAR RUIZ		at (395-0577		
Name of Contact Person		Area Cod	le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amendi Division The Cc 2415 N	Address ment Section n of Corporations entre of Tallahassee H. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation	as currently filed with the Flo	orida Dept. of State)	
P10000078441			
(Document	t Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corp	noration adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A professional corp		
B. Enter new principal office address, if applicable:		•	2
Principal office address MUST BE A STREET ADDRI	ESS)		
	·		<u> </u>
			· · ·
2 Put in an annual 12 in a 44 in a 26 in a 12 a 14			D
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u>i</u>
			ري ا
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		ter the name of the	
	ice address.		
Name of New Registered Agent			_
	(Florida street address)		_
	(Florida street address)		
New Registered Office Address:	18************************************	, Florida	Z''u tut
	(City)	<i>(Zip</i>	Code)
New Registered Agent's Signature, if changing Registe	ered Agent:		
hereby accept the appointment as registered agent. I ar		obligations of the position.	
Simatu	 re of New Registered Agent, if c	chanaina	<u> </u>
Signatur	се од гост коузменей муст, 17 (chunging	
Check if applicable			

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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 Doc, 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	MARIA RUIZ	10902 NW 83RD ST
Add			DORAL FL 33178
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			3
4) Change			
Add			
Remove			
5) Change			
Add			···
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary).	. (Be specific)
	<u> </u>
	
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	<u> </u>
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	the interest of the contract o
RESIDENT = AMILCAR RUIZ 10000 :	CHADEC
RESIDENT - AMILEAR ROLL 10000.	SHARES
<u>, — — — — — — — — — — — — — — — — — — —</u>	
	

	08/07/2020	
The date of each amendment(s) adoption	otion:	, if other than the
date this document was signed.		
Effective date if applicable:		
<u></u>	tno more than 90 days after an	nendment file dater
Note: If the date inserted in this bloc document's effective date on the Depa		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of vocient for approval.	otes cast for the amendment(s)
	ved by the shareholders through voting greh voting group entitled to vote separately	
	the amendment(s) was/were sufficient fo	• •
by		
·	(voting group)	
selected, i appointed	Spr. and side of or other officer – if director by an incorporator – if in the hands of a re- tiduciary by that fiduciary)	rs or officers have not been receiver, trustee, or other court
_	(Typed or printed name of person	n siemine)
200	,	······································
[?].	RESIDENT	

(Title of person signing)