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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CID CATEURA S	DE R.L., INC.			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	YODIOSMAY GONZALEZ				
		Name of Contact Persor			
	ALL IN ONE ACCOUNTING SERVICES, INC				
		Firm/ Company			
	4951 WEST 6TH AVE				
		Address			
	HIALEAH, FL 33012				
		City/ State and Zip Code	<u> </u>		
ZQCC	ONSULTANTS@YAHOO.C	OM			
	E-mail address: (to be us	sed for future annual report	notification)		
	n concerning this matter, pleas		<u>, 926-2190</u>		
Name of Contact Person at ( 305 ), 976-2190  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>Mai</u>	ling Address	Street	Address		

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CID CATEURA'S DE RILLING

CID CATLORA 5. DE R.E., INC.			
(Name	of Corporation as currently	filed with the Florida Dept. of State	)
P11000070247			
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this <i>FI</i>	orida Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	sation "Corp," "Inc," or "Ce	" A professional corporation name	The new rethered the abbreviation emust contain the
B. Enter new principal office address,			
(Principal office address <u>MUST BE A \$</u>	<u>TREET ADDRESS</u> )		
			, co
C. Enter new mailing address, if apple (Mailing address <u>MAY BE A POST</u>			東西
N. W			2.2
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of the	, ,
Name of New Registered Agent	YODIOSMAY GONZALEZ		
	4951 WEST 6TH AVE		
	(Florida street	address)	
New Registered Office Address:	HIALEAH		3012
	(C	ity)	(Zip Code)
New Registered Agent's Signature, if c' I hereby accept the appointment as regist	hanging Registered Agent: cred agent. I am familiar wit.	h and accept the oblivations of the po	exition.
	,,	,	
	$\mathcal{M}$	41.	
<del>-</del>	Signature   New Reg	Hered Agent, if changing	
		<i>,</i>	

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 <math>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	$\underline{\mathbf{v}}$	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) X Change	P	ALFONSO CID	5245 NW 36TH ST. STE#208
Add			MIAMI, FL 33166
Remove			
2) Change	V	ROSA N. CATEURA	5245 NW 36TH ST. STE#208
X Add			MIAMI, FL 33166
Remove			
3 ) Change	<u>s</u>	MARIA DEL PILAR CID	5245 NW 36TH ST, STE#208
X Add			MIAMI, FL 33166
Remove			
4) Change	т	NIURKA CATEURA	5245 NW 36TH ST. STE#208
X Add			MIAMI, FL 33166
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Pamaaa			<del></del>

	eets, if necessary).	(Be specific)				
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f an amendment pr	ovides for an exch	nange, reclassific	ation, or cancell	ation of issued	shares,	
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provisions for impl	ementing the ame	nange, reclassific	cation, or cancell ontained in the ar	ation of issued	shares,	

•	03/05/2018	
The date of each amendment(s date this document was signed.	) adoption:	, if other than the
	3/05/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmer sufficient for approval.	u(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	ider
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/05/20	018	
DatedSignature	( Inco So Cal	
(By	a director, president or other officer - if directors or officers have not bee	n
	cted, by an incorporator – if in the hands of a receiver, trustee, or other co ointed fiduciary by that fiduciary)	Airt
	ALFONSO CID	
	(Typed or printed name of person signing)	·····
	PRESIDENT	
	(Title of person signing)	