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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Conyedo Enterpris	e Corp			
	er: <u>P1Z00006</u>				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
I	smary Gonzalez				
_		Name of Contact Person	<u></u>		
	Maxiax:				
-	To rectar	GUU Z Firm Company			
5	5870 NW 192nd St				
-	· · · · · · · · · · · · · · · · · · ·	Address			
1	Hialeah,Fl,33015				
_		City/ State and Zip Cod	e		
ieman/	74.g@gmail.com				
		sed for future annual report	notification)		
	E-man address. (to be de	sed for future annual report	nouncation)		
For further information	concerning this matter, pleas	se call:			
Ismary Gonzalez		786	de & Daytime Telephone Number		
Name 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)		
Mailing Address Street Address		<u>Address</u>			
Amer	ndment Section		lment Section		
	ion of Corporations		Division of Corporations		
P.O. Box 6327 Clifton Building					
Tallai	hassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Conyedo EnterpriseCorp		
(Name of Corporation as curre	ntly filed with the Florida De	pt. of State)
P12000065651		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corpora	ation," "company," or "incor	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of		ration name must contain the
word "chartered," "professional association," or the abbreviatio	n "P.A."	
B. Enter new principal office address, if applicable:	N/A	表表了
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		mo a
		FLS A
		
C. Enter new mailing address, if applicable:	N/A	्रेड जिल्ला
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office as		ame of the
new registered agent and/or the new registered office addr	<u>css:</u>	
Name of New Registered Agent N/A		
(Florida	street address)	
		N/A
New Registered Office Address:	······	, Florida
	(City)	(Zip Code)
	,	
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligation	ons of the position.
	11/A-	
***	701.	
Signature of New	w Registered Agent, if changing	3

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 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>	Address
1) Change	S	Lester Toledo	19407 NW 62 ave, Hialeah, Fl 3301
X Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			<u> </u>
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
	

The date of each amendmen		, if other than the
date this document was signed	i. N/A	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	i)
	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	भ
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
02,10	N16	
Dated	60	
Signature _	Elorgica Lucy	
	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other cour ppointed fiduciary by that fiduciary)	t
	Evelio A. Conyedo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	