P13000070981

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(Business Entity Name)
(Document Number)
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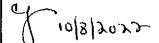
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SEGURO QUE SI	. INC		
	IBER: P13000070981			
	es of Amendment and fee are su	ibmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	NOEL E. PEREZ			
		Name of Contact Person	n	
	SEGURO QUE SI, INC			
		Firm/ Company		
	6925 LAKE ELLENOR DR.	SUITE 136		
		Address	 	
	ORLANDO, FL 32809			
	-	City/ State and Zip Cod	c	
	noel@siempreseguro.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
NOEL E PEREZ		321	de & Daytime Telephone Number	
Name	e 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;	
S35 Filing Fee	☐\$43.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee FL 32314		2415 N. Monroe Street, Suito S10		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

202222-6 119:45

SEGURO QUE SI INC (Name of Corporation as currently filed with the Florida Dept. of State) P13000070981 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida_ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 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	\overline{bL}	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
L) Change	Λb	William Garçi	a 	6925 Lake Ellenor Dr., Ste 136
Add				Orlando, FL 32809
X Remove				
2) Change		•		
Add				
Remove 3) Change				
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				<u> </u>
6)Change				
Add				
9				

	ets, if necessary).	(Be specific)			
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		nange, reclassifica	ition, or cancellatio	on of issued shares.	
<u>an amendment pr</u>	o <u>vides fo</u> r an excl				
<u>provisions for impl</u>	ementing the ame	ndment if not co	ntained in the ame	idment itself:	
f an amendment provisions for implicable	ementing the ame	ndment if not co	ntained in the ame	<u>idment</u> itself:	
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<u>provisions for impl</u>	<u>ementing</u> the ame	endment if not con	ntained in the ame	ndment itself:	

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	JUNE 29th,2022	
The date of each amendment(s) adoption disc this document was signed.	tion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this bloc document's effective date on the Depar	; does not meet the applicable statutory filing tment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes ca ient for approval.	ist for the amendment(s)
☐ The amendment(s) was/were approx must be separately provided for each	ed by the shareholders through voting groups, h voting group entitled to vote separately on to	The following statement he amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for app	roval
by		"·
	(voting group)	
JUNE 29TH,20 Dated Signature (By a direct selected, b	or, president or other officer – if directors or or an incorporator – if in the hands of a receiver	officers have not been
appointed	iduciary by that fiduciary)	, make, where evan
NO	EL E PEREZ	
	(Typed or printed name of person sign	ing)
	President	
	(Title of person signing)	