

Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000270863 3)))



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To:

Division of Corporations

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From:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN DALBEL CORP.

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COVER LETTER

TO: Amendment Section

Division of Corporat	ions.			
NAME OF CORPORAT	ITON: DALBEL CORI			
DOCUMENT NUMBER	R: P14000094201			
The enclosed Articles of	i <i>ntendment</i> and fee are at	bmitted for filing.		
Please return all correspon	ndence concerning this ma	tter to the following:		
IN	aki saizarbitoria, e	:9Q.		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	3	
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M	AMI, FLORIDA 33129			
		City/ State and Zip Cod	e	
inakisaig	ĝaol.com			
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For further information or	mosming this metter, pleas	e call:		
INAKI SAIZRBITORIA	, esq.	.305 an (374-4106	
Name of C	Contact Person	.Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida Dep	utmonu.of State:	
■ \$35 Filing Fee	☐\$43.75 Filling Fee & Cartificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Cortificate of Status Certified Copy (Additional Copy is enclosed)	
Malling Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations		
P.O. Bo		Clifton Building		
Tallahassec, FL 32314 2661 Executive Center Circle			Xecutive Center Circle	
		Talinhassee, FL 32301		

FILLE DECRETARY OF STATE DIVISION OF CORPORATION.

2016 NOV -2 AM 9: 01

Articles of Amendment to Articles of Incorporation H16000 269 697 3

of DALBEL CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P14000094201 (Document Number of Corporation (if known) Pursuant to the pravisions 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 of the 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 amonding the registered agent ant/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, (City) (Zip Cods) 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

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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; Ver Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clark; 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.

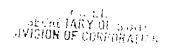
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith: SV as an Add.

Example: X.Change	PT John	1 Doe	
X Remove	Y Mik	Liones	
X Add	sy sal	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D-P-S	CARLOS A. BERSANO	7400 S.W. 50 TERRACE
Add			SUFFE 304
X Ramove			MIAMI, FL. 33155
2) Change	T	Jose M. Barja	7400 S.W. 50 TERRACE
A4đ		•	SUITE 304
X Remove			MIAMI, FL. 33155
3)Change	D-P-S-T	MARIO SOBRERO	7400 S.W. 50 TERRACE
X Add			SUITE 304
Remove			MIAMO, FL. 33155
4)Change			
Add			
Romove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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an amoniment prevides for an exchange, reclamification, or cancellation of issued shares, provisions for implementing the amendance if not contained in the pnead ment itself. (If not applicable, Indicate NIA)		g nacestary.	s, enter change Be specific)			
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	(if not applicable, in	dicate N/A)	HEBE II NOL COM	Teres in nis N	mend megi, 166ar.	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidecument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	the amondment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The famuut he separately provided for each voting group entitled to vote separately on the amendment.	
*The number of votes cast for the amendment(s) wea/were sufficient for approval	
by (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 11/01/2016	
Signaturo	
(By a director, president or other officer - if directors or officer	have not been
selected, by an incorporate - if in the hands of a receiver, trust	es, ar other court
appointed fiduciary by Itlan fiduciary)	
JOSEM. BARJA	
(Typod or printed name of person signing)	
registered agent	
(Tills of name signist)	