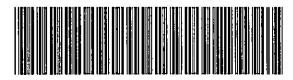
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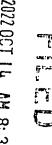
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1 11/2023

COVER LETTER

TO: Amendment Section

Division of Corporations MANEJAVIROT 1 CORP. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Isabel Aninat Name of Contact Person n/a Firm/ Company 848 Brickell Avenue, Suite 830 Address Miami, FL 33131 City/ State and Zip Code ianinat@bruzzoneygonzalez.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Isabel Aninat Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

FILED

2022 OCT 14 AM 8: 36

MANEJAVIROT I CORP.		ZUZZ UET T4 AM 8:
(Name	of Corporation as curren	ntly filed with the Florida Dept. of State) SEURE IV. K / UF ST
P22000045254		TALLAHASSEE. F
	(Document Number	of Corporation (if known)
tursuant to the provisions of section 607 is Articles of Incorporation:	7.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new s	name of the corporation:	
ume must be distinguishable and contain	the share and the same of the state of the s	The new
Inc.," or Co.," or the designation " chartered," "professional association,		"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address, if applicable:		Onofre Jarpa 10082, Casa B
Principal office address MUST BE A	STREET ADDRESS)	La Reina, Region Metropolitana
		Chile
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		848 Brickell Avenue, Suite 830
		Miami, FL 33131
. If amending the registered agent an new registered agent and/or the ne	nd/or registered office add	iress in Florida, enter the name of the
	Isabel Aninat	
Name of New Registered Agent		
	848 Brickell Avenue, Suit	
		reet address)
New Registered Office Address:	Miami	, Florida 33131
		(City) (Zip Code)
ew Registered Agent's Signature, if c	hendro Bodetavel 4	
nereby accept the appointment as regist	ered agent. I am familiar	<u>c.</u> with and accept the obligations of the position.
	MAIN	†
	Signature of New R	egistered Agent, if changing
beck if applicable	- •	G, y vg.
The amendment(s) is/are being filed no	rement to a 600 0120 (11)	(A) P.C

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)

X Change

Please note the officer/director title by the first letter of the office title:

M

John Doc

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 Remove	Y M	fike Jones	
_X Add	SY S	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	PD	Macarena Rotman Saffie	848 Brickell Avenue, Suite 830
Add			Miami, FL 33131
Remove			
2) Change	VD	Constanza Rotman Saffie	848 Brickell Avenue, Suite 830
Add		•	Miami, FL 33131
Remove	SD	Sebastian Rotman Saffie	848 Brickell Avenue, Suite 830
3) x Change	30	Sepastian Rouman Same	Miami, FL 33131
Add			
Remove			
4) X Change	SD	Bernardita Rotman Saffie	848 Brickell Avenue, Suite 830
Add			Miami, FL 33131
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Corporation Act or other Applicable Law, the shareholders shall have the exclusive power to amend and/or repeal the sylaws and/or adopt new bylaws.	e initia
ylaws and/or adopt new bylaws.	
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)	
VA	
	-
	

date this document was signed.	adoption:	if other than th
Effective date [f applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this de Department of State's records.	ste will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	(s)
☐ The amendment(s) was/were a must be separately provided for	upproved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ट तर्च
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Dated	1.00	
Signature	(Life)	
selec	rdirector, president or other officer — if directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other cou- inted fiduciary by that fiduciary)	n
	Macarena Rotman Saffie	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	