## P18000083640

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LATONERIA Y P	INTURA LOS NARANJO ————————————————————————————————————	S CORP		
DOCUMENT NUMB	P18000083640				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	JESUS LEON				
•		Name of Contact Person	1		
	SACONSA GROUP LLC				
-		Firm/ Company			
	7950 NW 53RD STREET SUITE 337				
•		Address	<u> </u>		
	MIAMI, FL, 33166				
		City/ State and Zip Code	:		
JESU	JS@TAXTEAMM.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
JESUSLEON		917	9466502 de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

MINON IS ASILIS OF

## Articles of Amendment to Articles of Incorporation of

## LATONERIA Y PINTURA LOS NARANJOS CORP

EXTORERIA I I INTORA EGGRARAMOGO CO	<u></u>	
(Name of Corpora	tion as currently filed with the Flor	ida Dept. of State)
P18000083640		7,
(Doct	ument Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006. Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendmen
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered." "professional association," or th	rp." "Inc." or "Co". A professionae	"incorporated" or the abbreviation I corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
		31.5
D. If amending the registered agent and/or registered agent and/or the new registered		the name of the
Name of New Registered Agent	·	<del></del>
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	tegistered Agent: 1. I am familiar with and accept the o	bligations of the position.

Signature of New Registered Agent, if changing

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 Doc			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
X Change	Ρ	SCIOSCIA,MAURIZIO	6863NW 109AVE		
Add			DORAL, FL 33178		
Remove					
2) X Change	VP	SCIOSCIA,ANTONIO	6863NW 109AVE		
Add			DORAL. FL 33178		
Remove					
3 ) Change					
Add	<u> </u>				
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	ng additional Articeets, if necessary).	(Be specific)				
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			tion or agnosti	ation of iccord	churac	
<u>an amendment pi</u> rovisions for imp	rovides for an exch lementing the ame	ndment if not cor	tained in the ar	nendment itseli	<del>suares,</del> f:	
(if not applicab	ble, indicate N/A)	monique il mor con			-	
		<u></u>		<u> </u>		·
<u></u>					•	
·						
						<u> </u>

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date water of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
11/13/2018 Dated		
Signature	Ecuoue	
selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
S	CIOSCIA,ANTONIO	
_	(Typed or printed name of person signing)	
V	P	
	(Title of person signing)	