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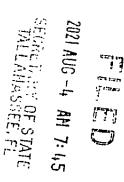
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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations INSTITUTO LATINOAMERICANO DE EMPRESAS FAMILIARES ILAEF EEUU INC NAME OF CORPORATION: _ N19000002242 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTENSEN ZARACHO, NATALIA (Name of Contact Person) INSTITUTO LATINOAMERICANO DE EMPRESAS FAMILIARES ILAEF - EE.UU. INC (Firm/ Company) 201 Alhambra CircleSuite 1205 (Address) Coral Gables, FL 33134 (City/ State and Zip Code) lbuscemi@sdaimmigration.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 9019745 305 CHRISTENSEN ZARACHO, NATALIA (Daytime Telephone Number) (Area Code) (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 Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

INSTITUTO LATINOAMERICANO DE EMPRESAS FAMILIARES ILAEF - EE.UU. INC. 2021 AUS -4 AM 7: 45 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N19000002242 TALLAHAGGEE: FL (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 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 (City) (Zip Code) 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

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	MBR	PEREZ, Pablo Jose	201 Alhambra Cir Suite 1205 Coral Gables, FL 33134
xxx Remove			
2) Change XXX Add	MBR	SEREBRENIK GHITIS, Raul	201 Alhambra Cir Suite 1205 Coral Gables, FL 33134
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	<u> </u>		

		
		
		<u> </u>
		
		
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(n	10 more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date it of State's records.	will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendmen	(s)

Dated	06/01/2021
	$G_{i,j}$
Signatui	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	CHRISTENSEN ZARACHO, NATALIA

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were