| 7/23. Jul. 23. | 2019 11:46AM Best Vision Accounting Wision of Corporations Division of Corporations Electronomic Sting Cover Sheet |
|-----------------------------------|--|
| | Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H19000221076 3))) |
| | Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. |
| | To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : BEST VISION ACCOUNTING Account Number : I20150000091 Phone : (305)220-9616 Fax Number : (305)220-9617 **Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please.** Email Address: Addistry & DVACODUATIA DOM |
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| | s . Artí | cles of Amendment | and the second states and the second se |
| · · · · · · · · · · · · · · · · · · · | Artle | to les of Incorporation | FILED |
| | | 10 | |
| MIAMI DADE INTERAMERICAN LIONS | | | -2019 JUL 23 A 13 |
| | ation as curr | ently filed with the Florida | |
| N11000007455 | | | SECRETARY OF STAT THLIANMSSEF, FLOR |
| (E | ocument Nun | nber of Corporation (if know | u) |
| Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation: | | | ofit Corporation adopts the follo |
| A. If amending name, enter the new name of | of the corport | ation: | |
| name must be distinguishable and contain the | word "corpor | ation" or "incorporated" or | The abbreviation "Corn " or " |
| "Company" or "Co." may not be used in the | name. | | and search which corp. of t |
| B. Enter new principal office address, if app | plicable: | 12675 NW 8 TRAIL | |
| (Principal office address MUST BE A STREE | |) MIAMI, FL 33182 | |
| | | | ····· |
| | | - <u></u> | <u>-</u> . |
| C. Enter new mailing address, if applicable | | 12675 NW 8 TRAIL | |
| (Mailing address <u>MAY BE A POST OFFI</u> | <u>(CE BOX</u>) | ~ | <u> </u> |
| | | MIAMI, PL 33182 | |
| | | | |
| D. If amandian the registered event and/or | | | |
| D. If amending the registered agent and/or prevent registered agent and/or the new registered agent ad agent and/or the new registered agent ad a | stered office | <u>ice address in Florida, ente</u> address: | r the name of the |
| Name of New Registered Age | ", NELLY | MARTINEZ | |
| | | W 8 TRAIL | |
| | | | treet address) |
| <u>New Registered Office Addr</u> | <u>ess</u> : | | , |
| | MIAMI | | , Florida |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, If changing | ng Registered | Agent: | |
| I hereby accept the appointment as registered a | gent. I am fa | miliar with and accept the ol | bligations of the position. |
| , , ,, | | | |
| , , ,, | X | 1.10. 00 | 1- |

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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; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustec; 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: <u>X</u> Change <u>X</u> Remove X Add | <u>V</u> N | ohn Doe Aike Jones Sally Smith | |
|---|------------|--------------------------------------|---------------------------|
| <u>Type of Action</u> (Check One) | Tille | <u>Name</u> | <u>Addres</u> s |
| I) Change | DP | ESPERANZA GOMEZ | 14423 SW 11 ST |
| Add | | | MIAMI, FL 33184 |
| X Remove | | | |
| 2) Change | DP | NELLY MARTINEZ | 12675 NW 8 TRAIL |
| XAdd | | | MIAMI, FL 33182 |
| Remove | | | |
| 3) Change | T | MARCIA VELASQUEZ | 14264 SW 161 STREET |
| Add | | | MIAMI, FL 33177 |
| Х Ксточе | | | |
| 4) Change | T | CARLOS R CUEVAS | 4528 SW 143 RD PLACE EAST |
| XAdd | | | MIAMI, FL 33175 |
| Remove | | | |
| 5) Change | D | SALVADOR MARTINEZ | 12675 NW 8 TRAIL |
| Add | | | MIAMI, FL 33182 |
| X Remove | | | |
| ٥) Change | DV | SALVADOR MARTINEZ-BELLI | 12675 NW 8 TRAIL |
| XAdd | | | MIAMI, FL 33182 |
| Remove | | | |
| | | Page 2 of 4 | |

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• E. If amending or adding additional Articles, enter change(s) here: (attoch additional sheets, if necessary). (Be specific)

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____, if other than the

06/28/2019

· The date of each amendment(s) adoption: _ date this document was signed.

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

| Dated | 06/28/2019 | |
|-----------|------------|---|
| | | |
| Signature | X | X ** |
| | | an or vice chairman of the board, president or other of |

officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SALVADOR MARTINEZ - BELLI

(Typed or printed name of person signing)

VICE-PRESIDENT

(Title of person signing)