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JUN 24 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

FUNDAVESA INT	T'L CORP
N1400002605	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
MIGUEL URIBE	
	(Name of Contact Person)
FUNDAVESA INT'L CORP	
	(Firm/ Company)
13500 SW 250 ST #924215	
	(Address)
HOMESTEAD, FL 33032	
	(City/ State and Zip Code)
INFO@FUNDAVESA.COM	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
MIGUEL URIBE	305 397-4302 at
(Name of Contact Person	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) □\$52.50 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

Articles of Amendment Articles of Incorporation

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FUNDAVESA IN FL CORP	Si Marie Learning Control
(Name of Corporation as curre	ently filed with the Florida Dept of State)
N14000002605	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ution:
	The ne
name must be distinguishable and contain the word "corpor <u>"Company" or "Co." may not be used in the name</u> .	ation" or "incorporated" or the abbreviation "Corp." or "Inc.
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	5)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off	fice 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)
lew Registered Agent's Signature, if changing Registere	
hereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
•	Signature of their negationed rigerii, 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	V Mik	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change X Add	Т	NOYARKISS MARTINEZ	668 NW 44 AVE
			MIAMI, FL 33126
Remove			
2) Change	S	JASMIN QUESADA	3637 SW 5 TERR
X Add			MIAMI, FL 33135
Remove	MNG	KARINA HERRERA	27280 SW 143 CT
3) Change Add			HOMESTEAD, FL 33032
Remove			
4) Change	<u>v</u>	VICTOR SALAS	451 SE 8 ST LOT 155
X Add			HOMESTEAD, FL 33030
Remove			
5) Change	sv	FERNANDO QUESADA	3637 SW 5 TERR
XAdd			MIAMI, FL 33135
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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			<u>-</u>	

		06/10/2015	
	late of each amendment(s) his document was signed.	adoption:	, if other than the
F. ff ect		5/10/2015	
		(no more than 90 days after amendment file date)	
		block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adop	tion of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.	
	There are no members or meadopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
	Dated Signature (By the ch	aifman or vice chairman of the board, president or other officer-if directors	_
	have not	been selected, by an incorporator – if in the hands of a receiver, trustee, or a provinted fiduciary by that fiduciary)	
	MIGU	JEL URIBE	
		(Typed or printed name of person signing)	
	PRES	IDENT	
		(Title of person signing)	