N/8000006944

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TO: Amendment Section Division of Corporations

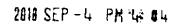
SHAKESPEARE 8 NAME OF CORPORATION:	FRIENDS, COR	PORATION	
DOCUMENT NUMBER:			
. The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
HELI ESPINOZA			
	(Name of Contact	Person)	
SHAKESPEARE & FRIENDS, CORPORATION			
	(Firm/ Compa	uny)	
600 NW 6TH ST APT. 6			
	(Address)		
MIAMI, FLORIDA 33136			
	(City/ State and Z	p Code)	
INFO@SHAKESPEAREANDFRIENDSUSA.CO	М		
E-mail address: (to be used	for future annual	report notification	1)
For further information concerning this matter, please	call:		
HELI ESPINOZA		305 at	956-8920
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florid	a Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif y is Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Secti Division of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SHAKESPEARE & FRIENDS, CORPORATION	ON	
(Name of Corporation	as currently filed with the Flori	da Dept. of State)
N18000006944		
(Docu	ment Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
N/A		71
name must be distinguishable and contain the wor. "Company" or "Co." may not be used in the nam		The new or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applica	N/A	
(Principal office address <u>MUST BE A STREET</u> A		
		-
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) N/A	
D. If amending the registered agent and/or regi		enter the name of the
new registered agent and/or the new register	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:	NA	
	NA	
N 0 7 100 111	• • • • • • • • • • • • • • • • • • • •	rida street address)
<u>New Registered Office Address</u>		A) A
	NA	, Florida NA
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		he obligations of the position.
_	NA	ered Avent if changing
	Signature of New Register	ered Avent 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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	HELI ESPINOZA	600 NW 6TH ST APT 6
X Add			MIAMI, FL 33136
Remove			
2) Change	Т	JUAN RIVERO	600 NW 6TH ST APT. 6
X			MIAMI, FL 33136
Remove			
3) Change	S	REINALDO ROLON	CALLE MAGA #60
XAdd			TOA ALTA, PR 00953
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
0 0			
6) Change			
Add			
Remove			

E. If amending or adding additional Articletach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
NA			
			-
		<u>-</u> .	
	<u> </u>		
			-
			· · · · · ·
			•

August 28, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
August 28, 2018 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 document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	ment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	were
Dated August 28, 2018	
Signature (Signature	
(By the chairman or vice chairman of the board, president or other officer-if dir	ectors
have not been selected, by an incorporator - if in the hands of a receiver, truste	e, or
other court appointed fiduciary by that fiduciary)	
HELI ESPINOZA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	