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COVER LETTER

TO: Amendment Section Division of Corporations

GOBIERNO LIM NAME OF CORPORATION:	PIO RD, CORP		
N18000012341 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this ma	itter to the following:		
MARVIN CORRALES			
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Pe	rson)	
M&G ACCOUNTING AND TAX SERVICES			
	(Firm/ Company)	
PO BOX 228491			
·••	(Address)	<u> </u>	
MIAMI, FL. 33222-8491			
	(City/ State and Zip C	Code)	
MARVINCORRALES@GMAIL.COM			
E-mail address: (to be us	ed for future annual rep	ort notificatior	1)
For further information concerning this matter, pleas	se call:		
MARVIN CORRALES	ot.	305	794-5327
(Name of Contact Perso	<u>m)</u>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida E	Department of:	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations	Am	eet Address lendment Secti vision of Corpo	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GOBIERNO LIMPIO RD. CORP

(Name of Corporation as currently filed with the Flori	ida Dept. of State)
N18000012341	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
new registered agent and/or the new registered offi	ice addicess.
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I ar	n familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	муниште ој меж кеумитеа муеті, іј спапуту

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 Y Mike Jo SV Sally Si	ones .	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change × Add	<u>T</u>	VIVIANA C. DITREN B	P.O. BOX 620667 ORLANDO, FL. 32862-0667
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (auach additional shee	g additional Arti	icles, enter change(s) here: (Be specific)	
	_	- · · · · · · · · · · · · · · · · · · ·	

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The date of each amendment	(s) adoption: 08/25/2020		, if other than th
date this document was signed Effective date <u>if applicable</u> :	08/25/2020 (no more than 90 days aft		

<u>Note:</u> 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)

(CHECK ONE)

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

Dated	08/25/2020
Dated	
Signatur	Gaules & Them O.
	(By the chairman/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 other court appointed fiduciary by that fiduciary)
	CARLOS E. RUBIO
	(Typed or printed name of person signing)

(Title of person signing)