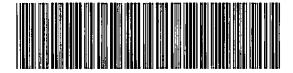
N19000002688

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COVER LETTER

TO: Amendment Section Division of Corporations

		•	
FUNDACION A. NAME OF CORPORATION:	MANDA CORP		
N19000002688	***************************************		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
JESUS A TOVAR			
	(Name of Contact Pers	son)	
ISC GROUP			
4-1-2000	(Firm/ Company)		
9020 NW 8TH ST APT 321			
	(Address)		
MIAMI, FL.33172			
	(City/ State and Zip Co	ode)	
JESUSTOVARB@GMAIL.COM			
E-mail address: (to be i	used for future annual repo	rt notificatio	n)
For further information concerning this matter, ple	ease call:		
JESUS A TOVAR	at _	786	6553857
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida De	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	——————————————————————————————————————	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address		et Address	·
Amendment Section		endment Sect	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FUNDACION AMANDA CORP

(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N19000002688		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co	orporation" or "incorporated	The new 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 MUST BE A STREET ADD		
C. Enter new mailing address, if applicable:		637
(Mailing address MAY BE A POST OFFICE BO.	<u>x</u>)	
	,	
		<u> </u>
D. If amending the registered agent and/or register	ed office address in Florida,	enter the name of the
new registered agent and/or the new registered of	office address:	سيتر المستعدد
Name of New Registered Agent:		
	(4)	orida street address)
New Registered Office Address:	, , ,	man sireer according
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regista	ered 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>	Name	Address
1) Change x Add	VD	YUNIOR M VILLAVICENCIO	797 W LANCASTER RD UNIT F74
Remove			ORLANDO, FL. 33809
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			
		icles, enter change(s) here: (Be specific)	
	<u>.</u>		

Note: If the date inserted in th		the applicable statu		ents, this date will no	t be listed as the
Effective date if applicable:	AUGUST, 12TH, 2020		sendment file date)		
The date of each amendment date this document was signed.	•				, if other than the
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•	•				

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)

Adoption of Amendment(s)

	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 Signature AUGUST, 12TH, 2020 Signature
	(By the chairman of 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)
	GABRIELA D PEREIRA
	(Typed or printed name of person signing)
	PRESIDENT/DIRECTOR
	(Title of person signing)