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TO: Amendment Section Division of Corporations

GRUPO IBEROAMERICANO PARA LA JUSTICIA INTERNACIONAL INC NAME OF CORPORATION: N19000006726 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROBERTO J CANO** (Name of Contact Person) (Firm/ Company) PO BOX 450742 (Address) MIAMI FL. 33245-0742 (City/ State and Zip Code) rcmeneses@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERTO J CANO 305 205-5812 at (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of

GRUPO IBEROAMERICANO PARA LA JUSTICIA INTERNACIONAL INC

| (Name of Corporation as curre | ently filed with the Florida Dept. of State) |
|---|--|
| N19000006726 | |
| (Document Nun | aber of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation: | ntes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora | ation: |
| | The new |
| name must he distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name. | ation" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> , | <u>S</u>) |
| | S 20 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | AUG - |
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| | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | fice address in Florida, enter the name of the |
| | addi ess. |
| Name of New Registered Agent: | |
| | (Florida street address) |
| New Registered Office Address: | |
| | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered beceby accept the appointment as registered agent. I am J | |
| | Signature of New Registered 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 | \underline{V} \underline{Mi} | nn Doe ke Jones lly Smith | |
|----------------------------------|----------------------------------|---------------------------------|----------------------|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
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| X Add | | | PLANTATION, FL 33317 |
| Remove | | | |
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| 5) Change | | | |
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| 6) Change | | | |
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| famending or adding additional sheets, if nec | cssary). (Be spec | rific) | | | |
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| AUGUST 5, 2019 | |
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| The date of each amendment(s) adoption: | , if other than |
| date this document was signed. | |
| AUGUST 5, 2019 | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requiremed document's effective date on the Department of State's records. | ents, this date 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 east for t was/were sufficient for approval. | he amendment(s) |
| There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors. | ent(s) was/were |
| Dated | |
| (By the chairman or vice chairman of the hoard, president or other of | her-if directors |
| have not been selected, by an incorporator – if in the hands of a recei | ivar trustee or |
| other court appointed fiduciary by that fiduciary) | |
| ROBERTO J. CANO | |
| (Typed or printed parer of person signing |) |
| REGISTERED AGENT & TREASURY | |
| (Title of person signing) | |

the