N21000001085

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A. Butter 5/4/21

COVER LETTER

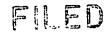
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	/ENEZOLANO AN	IERICANO DE MARG	ARITA CORP
N21000001085			
The enclosed Articles of Amendment and fee	e are submitted for f	iling.	
Please return all correspondence concerning	this matter to the fol	llowing:	
JOSE RODRIGUEZ			
	(Name of	Contact Person)	
INTEGRAL CONSULTING SERVICES LE	.C		
	(Firm/	Company)	
159 SW 185TH WAY			
,	(A)	ddress)	
PEMBROKE PINES, FL 33029			
	(City/ State	e and Zip Code)	
JRODRIGUEZ@INTEGRALSERVICESUS	S.COM		
E-mail address: (to	o be used for future	annual report notification	n)
For further information concerning this matte	r. please call:		
JOSE RODRIGUEZ		754 at	301-1370
(Name of Contac	rt Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	, made payable to the	e Florida Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified	Copy Certification Certificati	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	ion

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

Articles of Incorporation FILED



2021 MAR 15 PM 4: 01 CENTRO VENEZOLANO AMERICANO DE MARGARITA CORP (Name of Corporation as currently filed with the Florida Dept. of State) SECRETALL OF STATE

TWO LLOSSEE, FL N21000001085 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" 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 ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office 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) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	RODRIGUEZ, JHONATAN J	CHARAIMA STREET #20-47 PORLAMAR, NE 06301 VE
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
51 Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
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03/03/2021	
The date of each amendment(s) adoption: 03/03/2021	, if other than the
date this document was signed.	
03/03/2021	
Effective date il 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 requirements, this date will not b document's effective date on the Department of State's records.	e 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 amendment(s) was/were sufficient for approval.	
mass note authorities upprover.	

0. Dated	3/03/2021	
Signature	Townshipoli	
h		n of the board, president or other officer-if directors orporator – if in the hands of a receiver, trustee, or y that fiduciary)
	MATANOHL	PODRIGUEZ
		d or printed name of person signing)
	PRESI	DENT
		(Title of person signing)