N2100000 3027

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24 OCT 31 PH 4: 45

24 OCT 31 PH 6: 45

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: SOCIEDAD SEC	RETA DE DIOS INC			
DOCUMENT NUM	BER: N2100003027				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	RODRIGO POSADA				
	Name of Contact Person				
	GRUSHOFF & POSADA INC				
	Firm/ Company				
	6991 W BROWARD BLVD STE 105				
	Address				
	PLANTATION, FL 33317				
٠.		City/ State and Zip Cod	ıd Zip Code		
BENDICION87@ICLOUD.COM					
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, plea		854-1549		
Name of Contact Person		Area Co	_) 854-1549 de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

SOCIEDAD SECRETA DE DIOS INC.

(Name of Corpo	ration as currently	filed with the Florida l	Dent. of State)	-,	
N2100003027			oopt. or other		
(De	ocument Number of G	Corporation (if known)	_	-	
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	orida Statutes, this Fi	lorida Profit Corporatio	on adopts the follo	owing amend	ment(s
. If amending name, enter the new name of the	te corporation:				
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," ", chartered," "professional association," or the a	Inc," or "Co". A	mpany," or "incorporat professional corporatio	ted" or the abbrev on name must co	The noviation "Corportain the wo	"
. Enter new principal office address, if applic	ahle:		三	24	
Principal office address MUST BE A STREET.				- 36	_
			<u>.</u>	۳۳ ۱ در در در	•
				in the	- 7
				- 	j
Enter new mailing address, if applicable:				5. 5.	
(Mailing address <u>MAY BE A POST OFFICE</u>	(BOX)		<u> </u>	() - <u>-</u>	_
					_
 If amending the registered agent and/or reg new registered agent and/or the new registe 	istered office addresered office address:	ss in Florida, enter the	name of the		-
Name of New Registered Agent				<u>-</u>	
	(Florida stree	t address)			
New Registered Office Address:			. Florida		
	(C	Tity)		Zip Code)	-
ew Registered Agent's Signature, if changing	Registered Agent:				
hereby accept the appointment as registered agei	nt. – Lam familiar wit	th and accept the obliga	tions of the positi	on.	
S	ignature of New Reg	istered Agent, if changir	ng		

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DS	THOMAS AVELLAN	4850 NW 167 ST
Add			MIAMI, FL 33014
X Remove			
2) Change	VP	TATIANA ANDREA OSPINA	20941 NE 37TH CT
X Add			AVENTURA. FL 33180
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
の Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
_		
	-	
-		
If an amendment provides for an excha	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(y not appreciate, marcine 1971)		

. .

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without saction was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for t by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	ollowing statement ndment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed figuriary by that fiduciary)	have not been e, or other court
JHON OSPINA	
(Typed or printed name of person signing)	
CHRP/PRESIDENT	
(Title of person signing)	