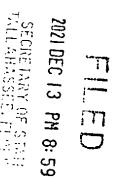
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#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DIRECTORES AN	HGOS DE ISRAEL INC		
DOCUMENT NUM	NO LONG LOZOG			
The enclosed Article.	s of Amendment and fee are sub	omitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:		
	MARIO SANDOVAL			
		Name of Contact Person	1	
		Firm <sup>7</sup> Company		
	4609 SW 31st DRIVE			
	WEST PARK, FL 33023	Address		
	<u></u>	City/ State and Zip Code		
	SANDOVALPHD@GMAIL.	COM		
	E-mail address: (to be us	ed for future annual report	notification)	
For further informati	on concerning this matter, pleas	e call:		
MARIO SANDOVA	A.	954 at (	544-9359	
Name	of Contact Person	at ( 954 ) 544-9359 Area Code & Daytime Telephone Number		
Enclosed is a check t	or the following amount made p	payable to the Florida Dep:	artment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Di <sup>o</sup> P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisic The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	IGOS DE ISRAEL INC
N21000010399 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subn	
Please return all correspondence concerning this matte	er to the following:
MARIO SANDOVAL	
	(Name of Contact Person)
	(Firm/ Company)
4609 SW 31ST DRIVE	
	(Address)
WEST PARK, FL 33023	
	(City/ State and Zip Code)
SANDOVALPHD@GMAIL.COM	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
MARIO SANDOVAL	954 544-9359 at
(Name of Contact Person	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)  Street Address Amendment Section
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

## FILED

2021 DEC 13 PM 8: 59

DIRECTORES AMIGOS DE ISRAEL INC

DIRECTORES AMIGGS DE ISIGNE INC	<u> </u>	SECRETARY OF STATE
(Name of Corporation as currently filed with the Florida	Dept. of State)	TALLAHASSEE, FLORES
N21000010399		
(Document Numb	er of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ttion" or "incorporate	d" or the abbreviation "Corp." or "Inc."
m m m i to toppe a literation is a militaria.	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	)	
· · · · · · · · · · · · · · · · · · ·	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	e a compresentation	and and the manual the
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	ice address in Florida address:	i, enter the name of the
N/A		
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		Torran weet duiressy
N/A		Dlavida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	1 Agent: umiliar with and accep	or the obligations of the position.
	Signature of New Regi	stered Agent, if changing
v.	11 to 1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the contract of the contract o

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	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>D</u>	ROSA HALVOSA	12016 SW 55TH STREET MICANOPY, FL 32667
X Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

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	10/12/2021				
The date of each amendment(s) adoption: date this document was signed.	10/13/2021	<u> </u>			, if other than the
Effective date if applicable:			idment file date)		
(n	o more than 90 c	days after amer	dment file date)		
Note: If the date inserted in this block does document's effective date on the Department	not meet the app t of State's recor	olicable statutor ds.	y filing requirem	ents, this date will no	t be listed as the
Adoption of Amendment(s)	CHECK ONE)				
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members a	and the number	of votes east for	the 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 _	10-13-2021		
Signature  (By the changlian direce changlian 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)			
	MARIO SANDOVAL		
	(Typed or printed name of person signing)		
	PRESIDENT		

(Title of person signing)