N2300001461

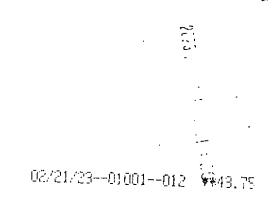
(R	Requestor's Name)	
(Á	ddress)	
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(C	Dity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(0	Occument Number)	
i ed Copies	Certificates of	Status
reial Instructions to Fr	ling Officer:	

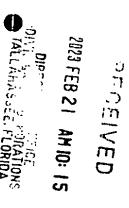
Office Use Only

A. RIVERS FEB 2 1 2023



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COVER LETTER

TO: Amendment Section Division of Corporations

CIELO NAME OF CORPORATION:	S ABIERTOS LATAM INC			
N23000001-	.61			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and	l fee are submitted for filing			
Please return all correspondence concern	ng this matter to the followi	ng:		
JOSEFA CAMPOS DE CORREA				
	(Name of Cont	act Person)		
	(Firm) Co.			
	(Firm/ Cor	npany)		
18024 GALA DR. APT 102				
	(Addre	ss)		
NOBLESVILLE, INDIANA 46062				
	(City/ State and	Zip Code)		
CLAB.LATAM@GMAIL.COM				
E-mail address	: (to be used for future annu	al report notificati	on)	
For further information concerning this n	atter, please call:			
ANGEL CORREA MEDINA		954 849 065 at	50	
(Name of Co	ntact Person)		(Daytime Telephone N	umber)
Enclosed is a check for the following amo	unt made payable to the Flo	rida Department o	f State:	
■ \$35 Filing Fee □\$43.75 Fi Certificat	ing Fee & L S43.75 Filing e of Status Certified Cop (Additional c enclosed)	opy is Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing Address Amendment Section		Street Address	tion	

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 to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
CIELOS ABIERTOS LATAM INC - N230	000001461		
(Document	Number of Corporation (if know	vn)	
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For P	rofit Corporation adopts the	: following
A. If amending name, enter the new name of the co			
ALIANZA INTERNACIONAL CIELOS ABIERTOS	INC		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" o	r the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.			
	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
		T.,.	2653
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida, ent	er the name of the	:2
Name of New Registered Agent:	,	· ·	:
in the state of th			
New Registered Office Address:	(Florida	i street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the	obligations of the position.	
	Constant of March 19 and	I Come Color	
	Signature of New Registerea	. Адені. П спандіну	

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 D V Mike Jo SV Sally S	<u>ones</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) X Change Add	<u>P</u>	MARCOS ARAUJO MARQUEZ	101 NW 108TH TER, APT 303 PEMBROKE PINES, FL 33026	
Remove			FLORIDA, 33026	
2) × Change Add	ED	YASIBIT BOLIVAR	101 NW 108TH TER, APT 303 PEMBROKE PINES, FL 33026	
Remove 3) X Change Add Remove	<u>T</u>	GISSETH IRIARTE GUASTELLA	101 NW 108TH TER, APT 303 PEMBROKE PINES, FL 33026	
4) <u>×</u> Change Add	<u>\$</u>	JOSEFA CAMPOS DE CORREA	18024 GALA DR, APT 102 NOBLESVILLE	
Remove 5) Change	<u>CFO</u> _	ANGEL CORREA MEDINA	18024 GALA DR, APT 102 NOBLESVILLE, INIDIANA 46062	
6) Change Add			INIDIANA 40002	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				

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The date of each amendment date this document was signed	t(s) adoption:	EBRUARY 03, 20	23			, if other than the
Effective date <u>if applicable</u> :	FEBRUARY 0.	3, 2023				
in apparent.	(no i	nore than 90 days (after amendmen	t file date)	 -	-
Note: If the date inserted in the document's effective date on the	nis block does no he Department o	t meet the applicab f State's records.	le statutory filir	g requirements	s, this date will no	t be listed as the
Adoption of Amendment(s)	(<u>Cl</u>	IECK ONE)				
The amendment(s) was/w was/were sufficient for ap	ere adopted by the proval.	he members and the	e number of vot	es cast for the :	amendment(s)	

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	FEBRUARY 14, 2023
Signature	
l	(By the chairman or 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)
	ANGEL CORREA MEDINA
	(Typed or printed name of person signing)
	CFO

(Title of person signing)