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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: <u>INAGUA</u>	HOLDING	S INC.
DOCUMENT NUMBI	0.00		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	In 62	Name of Contact Person AGUA HOL Firm/ Company Company Address Address Sy BISCAY City/ State and Zip Cod	DINGSINC. CIRCLE NE FL 33149
For further information	E-mail address: (to be us concerning this matter, pleas		notification)
_Elisa (arderal	at (305	342-6874 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 AFR 17 AM 11: 16

126 1414

INAGUA HOLDING	S INC.
	led with the Florida Dept. of State)
PO 20000 99	9250
(Document Number of Co	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	prida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	TI.
name must be distinguishable and contain the word 'corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.)	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent MERCEDES	L. DE CARDENAL
(Florida street	,
New Registered Office Address: KEY BISC	AYNE , Florida 33149 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
* Ma de Corder Signature of New Reg.	istered 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Mercedes L. de Carden	of 620 Haibor Circle
Add			Key Biscayre, FL 33149
Remove	•		
2)Change		Elisa Cardenal	3173 Floride Avenue
Add			Mami , B. 33133
Remove 3) Change	<u>PS</u>	Ramiro Cardenal	620 Harbor Circle
Add			Key Bissayne, FL 33149
Remove			
4) Change		Gabriela Cardenal	
Add			Mami, FL 33133
Remove			
5) Change	<u>S</u>	Maria C. Juncadella	3077 Allamanda St
$\underline{\hspace{1cm}}^{\hspace{1cm}}$ Add			<u>Hiami, FL 33133</u>
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if ne	tional Articles, enter c ecessary). (Be specifi	c)		
		W/A		
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——————————————————————————————————————				
				
f an amendment provides f provisions for implementin	or an exchange, reclase g the amendment if n	sification, or cance ot contained in the s	<u>llation of issued shar</u> amendment itself:	es.
(if not applicable, indica	ite N/A)		· · · · · · · · · · · · · · · · · · ·	
		N/A		
		·		
				
		•		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CHE	CCK ONE)
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendment(s) oproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	lment(s) was/were sufficient for approval
by(votin	
(votu	ng group)
The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareholder
Dated 4-10-1 Signature X M + 0	7 Cordend
(By a director, presid	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
	MERCENES L. DE CARDENAL
	Typed or printed name of person signing)
	PRESIDENT
	PRESIDENT (Title of person signing)