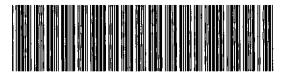
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I ALBRITTON

COVER LETTER

4,

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: COSTA RICA GA	BINET INC.	
DOCUMENT NUME	BER: P03000124421		· · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ALEXANDER VARELA		
		Name of Contact Persor	1
	COSTA RICA GABINET IN	NC.	
		Firm/ Company	
	7037 CARNA CT		
		Address	
	ORLANDO, FL 32807		
		City/ State and Zip Code	2
alexi	varela@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Alexander Varela		at (448-6663
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee. FL 32301

Articles of Amendment to Articles of Incorporation of

COSTA	RICA	CARI	NFT	INC
COSIA	\mathbf{n}	UADI		

(<u>Name</u> P03000124421	of Corporation as curre	ntly filed with the Flor	ida Dept. of State)	
	(Document Number	r of Corporation (if know	vn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corpo</i>	ration adopts the follow	wing amendment(s
A. If amending name, enter the new non-	ame of the corporation:			TI.
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	· "Co". A professional		
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	W	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		HINT STATES
D. If amending the registered agent an new registered agent and/or the ne			the name of the	2: 14
Name of New Registered Agent	N/A			
		street address)		•
New Registered Office Address:	N/A	(City)	, Florida	(ip Code)
		(City)	12	лр Соае)
New Registered Agent's Signature, if call the state of the second state of the second			bligations of the positio	n.
	Signatura of Mon	v Registered Agent if ch	anaina	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	<u></u>	RONNY VARELA	12738 Sophie Marie Loop
xAdd				Orlando, FL 32828
Remove				
2) Change		_	N/A	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	· · · · · · · · · · · · · · · · · · ·	_ 		
Add				
Remove				

7.1.4). (Be specific)
I/A	
, , , , , , , , , , , , , , , , , , , 	
If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,
	nendment if not contained in the amendment itself:
provisions for implementing the an	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the am (if not applicable, indicate N/A) I/A	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment date this document was signed.		, if other than the
•	05/01/15	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	this block does not meet the applicable statutory filing requirements, this one Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendmentere sufficient for approval.	t(s)
	e approved by the shareholders through voting groups. The following states d for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	der
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	urt
	ALEXANDER VARELA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	