

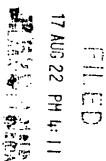
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And 25 2017

<u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: RICARDO CONS	UEGRA INC	<u> </u>		
DOCUMENT NUMBE	ER:				
	(Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
Ð	HCARDO P CONSUEGRA				
	Name of Contact Person				
F	RICARDO CONSUEGRA INC				
-		Firm/ Company			
l	5737 SW 67TH LANE				
_		Address			
N	41AMI, FL 33193				
-		City/ State and Zip Code	:		
MARIA	A@SUAREZ-BASTER.CO	M			
	_	sed for future annual report	notification)		
	concerning this matter, pleas				
RICARDO CONSUEG	RA	at (
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

FILED

17 AUG 22 PM 4: 11

RICARDO	CONSL	IFGR A	INC	

(Name of Corporation as currently filed with the Florida P04000003417 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida_ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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)

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> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Nume</u>	<u>Addres</u> s
1) Change	TREAS	BLADY R. CONSUEGRA	15037 SW 67TH LANE
X Add			MIAMI, FL 33193
Remove			<u> </u>
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding a (Attach additional sheets.)	if necessary).	(Be specific)	<u>craj nere</u> .			
N/A	•	-				
						
·						
		<u></u>	· -	<u></u>		
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		- :				
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					-	
		<u></u>				
F. If an amendment provide provisions for implementations.	nting the amen	dment if not con	ation, or cancell ntained in the ai	ation of issued s mendment itself	<u>Spares,</u> <u>:</u>	
(if not applicable, i	ndicate N/A)					
BLADY R. CONSUEGRA	- 10% SHARES	S GIVEN TO TR	EASURER			
					_	
			•			
					<u> </u>	
			······································			

	AUGUST 11, 2017	
	adoption:	, if other than th
date this document was signed.	1/2//CT 11 2017	
A Effective date i <u>f applicable</u> :	UGUST 11, 2017	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHEÇK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	ıt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
AUGUS Dated Signature	T 11, 2017	
(By a selec	director, president or other officer – if directors or officers have not beeted, by an incorporator – if in the hands of a receiver, trustee, or other equinted fiduciary by that fiduciary)	
	RICARDO P. CONSUEGRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	