P0400013/038

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|---|------------------------------------|---|---|--|--|
| NAME OF CORPORATION: _ | BUENO DEVI | ELOPMENT & | & INVESTM | ENTS. INC | |
| DOCUMENT NUMBER: | P04000131038 | ; | | | |
| The enclosed Articles of Amenda | nent and fee are su | bmitted for fil | ing. | | |
| Please return all correspondence of | oncerning this mat | uer to the foile | owing: | | |
| SARA | BUENO | | | | |
| | | ontact Persor | i. | | |
| BUEN | NO DEVELOPME | | NC | | |
| | | Company | | | |
| 8483 \ | V COMMERCIAL | | | | |
| | | dress | | | |
| TAM/ | NRAC, FL, 33351 | | | | |
| | | City/ State | and Zip Code | 2 | |
| FONT | ANA@LCFCPA. | СОМ | | | |
| E-mai | l address: (to be us | ed for future a | nnual report | notification) | |
| For further information concerning | g this matter, pleas | se call: | | | |
| SARA BUENO | | at | 786 I | 457-4715) | |
| Name of Contact I | 'erson | | Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the follow | ing amount made p | payable to the | Florida Depa | rtment of State: | |
| | 75 Filing Fee & ifficate of Status | □S43.75 Fi Certified (Additional enclosed) | Copy Il copy is | □\$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, F1, 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

BUENO DEVELOPMENT & INVESTMENTS, INC

| (Name of Corporation as current | ly filed with the Florida Dept. of State) | | | |
|--|--|--|--|--|
| P04000131038 | | | | |
| (Document Number of | of Corporation (if known) | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) | | | |
| A. If amending name, enter the new name of the corporation: | | | | |
| | The new | | | |
| name must be distinguishable and contain the word "corporation"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the | | | |
| 3. Enter new principal office address, if applicable: | 9261 SUNRISE LAKES BLVD. APT 205 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | SUNRISE, FL, 33322 | | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 9261 SUNRISE LAKES BLVD. APT 205 | | | |
| (172211), 1221 1221 1221 1221 1221 1221 122 | SUNRISE, FL, 33322 | | | |
| | 第二章 T | | | |
| D. If amending the registered agent and/or registered office add | ress in Florida, enter the name of the | | | |
| new registered agent and/or the new registered office address | | | | |
| Name of New Registered Agent | | | | |
| The state of the s | ————————————————————————————————————— | | | |
| (Floridals) | reet address) | | | |
| | | | | |
| New Registered Office Address: | , Florida (City) (Zip Code) | | | |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if changing Registered Agent Thereby accept the appointment as registered agent. I am familiar | | | | |
| nereny accept the appointment as registered agent. I am jamittar | with and accept the obligations of the position. | | | |
| | | | | |
| | | | | |
| Signature of New I | Registered Agent, if changing | | | |

| address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO: held. President, Treasure Changes should be noted | and/or Di if necessor rector title President, = Chief F r, Directo in the fol ves the co | irector be ary) e by the fit ; T= Trea Sinancial (or would b dowing mo orporation | eing added: est letter of the office surer; S= Secretary; Officer. If an officer e PTD, unner. Currently Joh a, Sally Smith is name | title: D= Director; TR= (director holds more n Doe is listed as the | r/director being removed and title, name, and Trustee: C = Chairman or Clerk: CEO = Chief than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change, |
|---|---|---|--|--|--|
| X Change | <u>PT</u> | John Do | <u>2</u> | | |
| X Remove | <u>V</u> | Mike Jones | | | |
| X Add | <u>SV</u> | Sally Sm | <u>iith</u> | | |
| Type of Action (Check One) | Title | | <u>Name</u> | | <u>Addres</u> s |
| 1) Change | V.Presi | d – | HUGO BUENO | | 519 S. 21 AVE |
| Add | | | | | HOLLYWOOD, FL. 33020 |
| X Removė | | | | | |
| 2) X Change | Р | | SARA BUENO | | 9261 SUNRISE LAKES BLVD |
| Add | | | | | # 205 |
| Remove | | | | | SUNRISE, FL, 33322 |
| 3) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | _ | | | |
| Remove | | | | | |
| 5) Change | | _ | | i | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | _ | | | |
| Add | | | | | ,————————————————————————————————————— |

_Remove

| 2. If amending or adding additional Articles, enter changed | (s)here: |
|---|--|
| (Attach additional sheets, if necessary). (Be specific) | |
| N/A | |
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| . If an amendment provides for an exchange, reclassificati | ion, or cancellation of issued shares, |
| provisions for implementing the amendment if not conti | ained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| SARA BUENO 100% | |
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| . The date of each amendment(s) adoption: | 3-11- | 2019 | if other than the |
|--|-----------------------|--------------------------------------|---|
| date this document was signed. | | | If other than the |
| Effective date <u>if applicable</u> : | 3) - | - 2019 after amendment file date, | |
| (no | more than 90 days | after amendment file date, |) |
| Note: If the date inserted in this block does not me document's effective date on the Department of State's | | natutory filing requirement | is, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK | ONE) | | |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approx | | per of votes east for the ame | endment(s) |
| ☐ The amendment(s) was/were approved by the share must be separately provided for each voting group | | | |
| "The number of votes cast for the amendmen | | | |
| by(voting gr | | | |
| (voting gr | roup) | | |
| The amendment(s) was/were adopted by the board action was not required. | of directors withou | ut shareholder action and s | hareholder |
| ☐ The amendment(s) was/were adopted by the incorpaction was not required. | oorators without sh | archolder action and sharel | holder |
| Dated <u>5-15-19</u> . Signature 1 base 5 | | | |
| Signature 1 Base 1 | MA | | |
| (By a director, president of | or other officer – if | f directors or officers have | |
| selected, by an incorpora appointed fiduciary by the | | s of a receiver, trustee, or o | other court |
| appointed inductory by th | ar riduciary) | | |
| Sa | ira Bu | eno | |
| (Typed | d or printed name o | of person signing) | |
| | |) (| |
| | | Jent- | |
| | (Title of pers | on signing) | |