P06 00066450

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

_____
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/23/16

COVER LETTER

NAME OF CORPORATION: _DELGO INVESTMENTS INC._

DOCUMENT NUMBER: _P06000066450_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS T COON JR, ESQ.

Name of Contact Person

_____
Firm/ Company

888 S. ANDREWS AVE #204

Address

FT. LAUDERDALE, FL 33316

City/ State and Zip Code

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS T. COON JR ESQ. at (_954_) _467-5859_

Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee   ☐$43.75 Filing Fee &   ☐$43.75 Filing Fee &   ☑$52.50 Filing Fee
                    Certificate of Status   Certified Copy   Certificate of Status
                                              (Additional copy is   Certified Copy
                                               enclosed)   (Additional Copy
                                                                        is enclosed)

Articles of Amendment
to
Articles of Incorporation
of

DELGO INVESTMENTS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000066450

(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:

_____*The new*
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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

231 174™ ST
APT 2109
SUNNY ISLES BEACH FL 33160

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

231 174 ™ ST
APT. 2109
SUNNY ISLES BEACH, FL 33160

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   ALBERTO AZULAY

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
                                              (City)   *(Zip Code)*

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.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
_X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add ✓ Remove	P	JORGE GODINEZ	3650 N 56 AVE APT 505 Holly wood FL 33021
2) ___ Change ✓ Add ___ Remove	P	ALBERTO AZULAY	
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. If amending or adding additional Articles, enter change(s) here:
   (Attach *additional sheets, if necessary).   (Be specific)*

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
   (*if not applicable, indicate N/A*)

N/A

The date of each amendment(s) adoption: _____ , if other than the
date this document was signed.

Effective date _if applicable_: _____**NOVEMBER 4 , 2016**_____
                                          (no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)   **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. _The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):_

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____ ."
                    (voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated_____**11/4/16**_____

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

_____**ALBERTO AZULAY**_____
(Typed or printed name of person signing)

_____**PRESIDENT**_____
(Title of person signing)