PO6000104644

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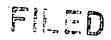
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL CHASQUI L	JSA COMPANY	
DOCUMENT NUMBER: P06000104644		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
JULIO C DE LOS RIOS		
DLR PROFESSIONAL S	Name of Contact Person SERVICES INC	
2455 HOLLYWOOD BLV	Firm/ Company /D SUITE 211	
HOLLYWOOD, FL 33020	Address	
	City/ State and Zip Code	
DLRCORP@AOL.COM		
E-mail address	: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:	
JULIO C DE LOS RIOS	954	266-9717
Name of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for the following amount mad-	e payable to the Florida Depai	rtment of State:
\$35 Filing Fee		352.50 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	Amendr Division Clifton	Address ment Section n of Corporations Building kecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



EL CHASQUI USA COMPANY		2019 HAR - 6	<u>DH 0. E</u> E
	as currently filed with the Florida Dept. of S	State)	111 3- 22
P06000104644			<u> JEATE</u>
(Docume	nt Number of Corporation (if known)) <u>-</u> : [.,
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts	the following am	endment(s) to
A. If amending name, enter the new name of the cor	poration:		
		The	e new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	"Inc," or "Co". A professional corporation	d" or the abbreve name must conto	viation vin the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 		
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	. Flo	orida	
New Registered Office Address.	(City)	(Zip Code,	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	am familiar with and accept the obligations of t	he position.	
Signa	ture 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, ar 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SOTO, JOAQUIN	8407 SW 5TH STREET
Add			APT 101
X Remove			PEMBROKE PINES, FL 33025
2) Change	DT	SOTO, CAROL	9761 SW 9TH STREET
Add			PEMBROKE PINES, FL 33025
X Remove			-
3) Change	D	SOTO, JOAQUIN F.	8407 SW 5TH STREET
Add		- , 	APT 101
X Remove			PEMBROKE PINES, FL 33025
4) Change			
Add		 	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	
	to a second section of a second charm
an amendment provides for an exci-	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
, , ,	

01/01/2019 _____, if other than the The date of each amendment(s) adoption: date this document was signed. 01012019 Effective date if applicable: (no more than 90 days after amendment file date) 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 (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. 01/01/2019 Dated 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) JOSE L SOTO (Typed or printed name of person signing) **PRESIDENT**

(Title of person signing)