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F Department of State

Compositions

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180 Fax Number : (305)591-9167

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@ jelenaccounting.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN BLANCA & SILVIA, INC.

| Certificate of Status | 0 |
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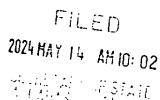
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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of



| BLANCA & SILVIA, INC. | | | 一个人的人。 计算机 |
|--|-----------------------------------|---------------------------|---|
| (Name | of Corporation as curren | tly filed with the Florid | a Dept. of State) |
| P06000126870 | | | |
| | (Document Number | of Corporation (if knows | n) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this | s Florida Profit Corpora | atton adopts the following amendment(s) |
| A. If amending name, enter the new n | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association," | Corp," "Inc," or "Co". | A professional corpora | rated" or the abbreviation "Corp.," |
| B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u> | if applicable: TREET ADDRESS) | | |
| | | | |
| | | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | icable: | | |
| (Mauing gaaress MAT BE A POST | OFFICE BOX | | |
| | | | |
| | | | |
| D. If amending the registered agent ar | nd/or revistered office add | iress in Florida, enter t | he name of the |
| new registered agent and/or the ne | | | |
| Name of New Registered Agent | JAISON MIRANDA GO | JNZALEZ | |
| | 4753 NW 2ND TERRAC | E | |
| | | treet uildress) | |
| New Registered Office Address: | MIAMI | | , Florida 33126 |
| | | (City) | (Zip Code) |
| | | | |
| New Registered Agent's Signature, if a line line is necessarily accept the appointment as registed. | | | igutions of the position. |
| | Hua B | | |
| | Signature of News | Registered Agent, if char | nuint |
| | signature of Ivew I | педыетен адепі, у слаг | Ses |
| | | | |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc | |
|-------------------------------|-----------|-------------------------|---------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name. | Address |
| 1) Change | DPST | VARGAS, BLANCA E | 3260 SW 149TH AVE |
| Add | | | MIAMI, FL 33185 |
| X Remove | | | · |
| 2) Change | DPST | JAISON MIRANDA GONZALEZ | 4753 NW 2ND TERRACE |
| X Add | | | MIAMI, FL 33126 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | - |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |
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| If an amondment 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) | |
| | |
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| | |
| | <u> </u> |

| The date of each amendment(s) a date this document was signed. | doption: | , if other than the |
|---|---|--------------------------------|
| Effective date if applicable: | | |
| Enecute date in applicable. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this I document's effective date on the D | lock does not meet the applicable statutory filing requirements, this epartment of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without shareholder a | ction and shareholder |
| The amendment(s) was/were add by the shareholders was/were st | opted by the shareholders. The number of votes cast for the amendme afficient for approval. | nt(s) |
| ☐ The amendment(s) was/were app must be separately provided for | proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s): | ?ment |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | , | |
| | (voting group) | |
| MAY 14, 2 | | |
| Signature | 1/val | |
| selecte | rector, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other conditional by that fiduciary) | |
| | JAISON MIRANDA GONZALEZ | |
| | (Typed or printed name of person signing) | |
| | DPST | |
| | (Title of person signing) | |