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T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DOLPHIN WHOL	ESALER IMPORT & EXI	PORT INC
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
I	BETHMAN L NIETO		
-	· · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
J	ONABENTY ENTERPRIS	ES CORP	
_	, 	Firm/ Company	
ı	7765 SW 20TH STREET		
_		Address	
Y	MIRAMAR, FL 33029		
_		City/ State and Zip Cod	e
bethma	unnieto@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
BETHMAN NIETO		at () 790-7240) de & Daytime Telephone Number
Name of	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O. l	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DOLPHIN WHOLESALER IMPORT & EXPORT INC

(<u>Name c</u>	of Corporation as currently filed with the Flor	ida Dept. of State)
P07000051840		
	(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
	tain the word "corporation," "company," or ation "Corp," "Inc," or "Co". A professional tion " or the abbreviation "P.A."	
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>	if applicable;	
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an		the name of the
new registered agent and/or the nev		
Name of New Registered Agent	JUAN C ZULUAGA ARISTIZABAL	
	2699 WEST 79TH STREET STE 6	= = - = -
New Registered Office Address:	(Florida street address) HIALEAH	. Florida →
	(City)	(Zip Code)
New Registered Agent's Signature, if classification in the second the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept the ol	bligations of the position.

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: \underline{X} Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	MESA, SANTIAGO	2699 WEST 79TH ST #6
Add X Remove			HIALEAH, FL 33016
2) Change	VP	ZULUAGA, SANDRA	8301 NW 107TH CT STE 6
Add			DORAL FLORIDA
Remove 3) XX Change	P	ZULUAGA ARISTIZABAL, JUAN	2699 WEST 79TH ST STE 6
Add			HIALEAH, FL 33016
4) Change Add Remove			## F D ## 12 21
5) Change Add			
Remove			
Add			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
<i>N/A</i>		
		
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	7 <u>2 5</u>	19
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	; -	~
. 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:		MHI: 2
(if not applicable, indicate N/A)		= .
N/A	<u> </u>	2!
,	db Ç	

	November 13, 2019	re a a l
The date of each amendment date this document was sign		, if other than the
Effective date if applicable	e: (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	were adopted by the board of directors without shareholder action and shareholder were adopted by the incorporators without shareholder action and shareholder	
•	1 12 2010	
No Dated	vember 13, 2019	
Signature	(By a director, president or other officer – if directors or officers have not been	
	(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)	
	Juan Camilo Zuluaga Aristizabal	<u></u>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
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