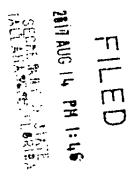
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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BELLA RC	OMAS BUILDERS & INVESTMENTS CORP				
DOCUMENT NUMBER: P07000112185					
The enclosed Articles of Amendment and fe	e are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
XAVIER FLORES					
	Name of Contact Person				
	Firm/ Company				
23150 SW 182 AVE					
MIAMI, FL 33170	Address				
	City/ State and Zip Code				
bellaromabuilder@bellsoutl	ı.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matte	er, please call:				
XAVIER FLORES	at (305) 985-9193				
Name of Contact Person	at () Area Code & Daytime Telephone Number				
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:				
S35 Filing Fee S43.75 Filing Fee Certificate of S					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

BEL	.L.	١R٥	OMA	BUIL	DERS.	& INV	ESTN'	4ENTS	S CORF

(Name of Corporation	as currently filed with the Florida De	pt, of State)
P07000112185		
(Docume	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	atutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	orat <u>ion:</u>	
		The 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 corpo	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	(223	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or registered new registered agent and/or the new registered of the new registered agent. 		S CONTROL TO THE STATE OF THE S
Name of New Registered Agent		
	(Florida street address)	-
V 6	Trioriaa sireet addressy	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		ons of the position.
<u> </u>	re of New Registered Avent, 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	JORGE L HERNANDEZ ESTEVEZ	23150 SW 182 AVE
Add			MIAMI, FL 33170
X Remove			
2) Change	P	XAVIER FLORES	23150 SW 182 AVE
X Add			MIAMI, FL 33170
Remove 3)Change XAddRemove	VP	FABIAN VILLAREAL JARAMILLO	23150 SW 182 AVE MIAMI, FL 182 AVE
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
 -	
	<u> </u>
	
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	Land Cartina an annual lation of fround charge
If an amandment provides for an eyeb	nange reclassification or canceleation at issued suarrs.
If an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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	INMEDIATELY	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	nt
	st for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholde	г
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/09/20 Dated	17	
Signature XA	mifu	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cour inted fiduciary by that fiduciary)	t
	XAVIER FLORES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	