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| (Business Entity Name)                  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| RATION: FIRENZE GROU                        |   |   |  |  |
|---|---|---|--|--|
|   |   |   |  |  |
| s of Amendment and fee are su               | bmitted for filing.   |   |  |  |
| espondence concerning this ma               | tter to the following:  |   |  |  |
| ROBERTO WOLFF                               |   |   |  |  |
|   | Name of Contact Person  | n   |  |  |
| FIRENZE GROUP CORPOR                        | RATION  |   |  |  |
|   | Firm/ Company   |   |  |  |
| 299 PARK ST # 1                             |   |   |  |  |
|   | Address   |   |  |  |
| MIAMI SPRINGS, FL 3316                      | 6   |   |  |  |
| <del></del>                                 | City/ State and Zip Cod   | 2   |  |  |
| nvolff@firenzeuroup.com                     |   |   |  |  |
|   | ed for future appeal report   | natification  |  |  |
|   |   | 882-0933  |  |  |
| of Contact Person                           | Area Co   | de & Daytime Telephone Number   |  |  |
| or the following amount made                | payable to the Florida Dep  | artment of State:   |  |  |
| ■\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  |  |  |
| Mailing Address                             |   | <u>Address</u>  |  |  |
| · ·   | Amendment Section   |   |  |  |
| Division of Corporations                    |   | Division of Corporations  |  |  |
| L RAY 6377                                  | l he ( )  | entre of Tallahassee  |  |  |
|   | IBER: P08000000344  St of Amendment and fee are surespondence concerning this mater. POBERTO WOLFF  FIRENZE GROUP CORPORE  299 PARK ST # 1  MIAMI SPRINGS, FL 3316  rwolff@firenzegroup.com  E-mail address: (to be use on concerning this matter, please on concerning this matter, please of Contact Person for the following amount made and S43.75 Filing Fee & Certificate of Status  stiling Address in the following amount made and S43.75 Filing Fee & Certificate of Status | ROBERTO WOLFF  ROBERTO WOLFF  Name of Contact Person FIRENZE GROUP CORPORATION  Firm/ Company  299 PARK ST # 1  Address  MIAMI SPRINGS, FL 33166  City/ State and Zip Code  rwolff@firenzegroup.com  E-mail address: (to be used for future annual report  on concerning this matter, please call:  at (  305  Area Co  for the following amount made payable to the Florida Depart  S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  stiling Address mendment Section  Fixed Amend Division  Street  Amend Sision of Corporations |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FIRENZE GROUP CORPORATION

| (Name of Corporation  | as currently filed with the I           | lorida Dept. of State)         | -                 |
|---|---|--------------------------------|-------------------|
| P08000000344  |   |                                |                   |
| (Docume   | nt Number of Corporation (if I          | (nown)                         | · · · · · ·       |
| Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:   | Statutes, this <i>Florida Profit Co</i> | rporation adopts the following | g amendment(s) to |
| A. If amending name, enter the new name of the corr   | poration:                               |                                |                   |
|   |   |                                | _The new          |
| name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc.," ("chartered," "professional association," or the abbrevi | or "Co". A professional co              |                                | n the word        |
| B. Enter new principal office address, if applicable:   |   |                                | 2025              |
| (Principal office address MUST BE A STREET ADDR   | RESS)                                   |                                | 2029 JUL 23       |
|   |   | <del></del>                    | <del></del>       |
|   |   |                                |                   |
| C. Enter new mailing address, if applicable:  |   |                                | NH 9: 0           |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                                | . بو              |
|   |   |                                | . 36              |
|   | <del> </del>                            |                                |                   |
|   |   |                                |                   |
| D. If amending the registered agent and/or registered   |   | nter the name of the           |                   |
| new registered agent and/or the new registered of   | fice address:                           |                                |                   |
| Name of New Registered Agent  |   |                                | _                 |
|   |   |                                |                   |
|   | (Florida street address)                | - · ·                          | -                 |
| New Registered Office Address:  |   | . Florida                      |                   |
|   | (City)                                  | (Zip C                         | Code)             |
|   |   |                                |                   |
|   |   |                                |                   |
| New Registered Agent's Signature, if changing Regist<br>I hereby accept the appointment as registered agent. I de-  |   | e obligations of the position. |                   |
| , ,   | ,                                       |                                |                   |
|   |   |                                |                   |
|   |   | <del></del>                    | -                 |
| Signatu   | ire of New Registered Agent, i          | t changing                     |                   |

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.

| X Change                   | <u>PT</u> <u>John</u> | 1 Doc                                 |                         |  |  |
|----------------------------|-----------------------|---------------------------------------|-------------------------|--|--|
| X Remove                   | <u>V</u> <u>Mik</u>   | Mike Jones                            |                         |  |  |
| X Add                      | <u>SV</u> <u>Sall</u> | y Smith                               |                         |  |  |
| Type of Action (Check One) | <u>Title</u>          | Name                                  | <u>Addres</u> s         |  |  |
| 1) Change                  | PCEO                  | ALDO M. SAAVEDRA                      | 529 CURTISS PKWY        |  |  |
| X Add                      |                       |                                       | MIAMI SPRINGS           |  |  |
| Remove                     |                       |                                       | FL 33166                |  |  |
| 2) X Change                | VPCFO                 | ROBERTO WOLFF                         | 2555 COLLINS AVE # 2408 |  |  |
| Add                        |                       | , , , , , , , , , , , , , , , , , , , | МІАМІ ВЕАСН             |  |  |
| Remove 3 ) Change          |                       |                                       | FL 33140                |  |  |
| Add                        |                       |                                       |                         |  |  |
| Remove                     |                       |                                       |                         |  |  |
| 4) Change                  |                       |                                       |                         |  |  |
| Add                        |                       |                                       |                         |  |  |
| Remove                     |                       |                                       | <del></del>             |  |  |
| 5) Change                  |                       |                                       |                         |  |  |
| Add                        |                       |                                       |                         |  |  |
| Remove                     |                       |                                       |                         |  |  |
| 6) Change                  |                       | <u> </u>                              |                         |  |  |
| Add                        |                       |                                       |                         |  |  |
| Remove                     |                       |                                       |                         |  |  |

|  | ding additional Art sheets, if necessary).  | (Be specific)        |                     |                      |               |
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|  | provides for an excl                        | hange, reclassificat | ion, or cancellatio | on of issued shares. |               |
| f <u>an am</u> endment                                 | nlementing the ame                          | ndment if not cont   | ained in the ame    | ndment itself:       | •             |
| provisions for im                                      | picincining the ame                         |                      |                     | -                    |               |
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| provisions for im                                      | thle, indicate N/A)                         |                      |                     |                      |               |
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| provisions for im                                      | thle, indicate N/A)                         |                      |                     |                      |               |
| f an amendment<br>provisions for im<br>(if not applica | thle, indicate N/A)                         |                      |                     |                      |               |

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| •  | JULY 15TH, 2020   |  |
|--|---|--|
| The date of each amendment(s                                       |   | , if other than the                                      |
| date this document was signed.                                     |   | <del></del>  |
|  | ILY 20TH, 2020  |  |
| Effective date <u>if applicable</u> :                              |   |  |
|  | (no more than 90 days after am  | endment file date)                                       |
| Note: If the date inserted in thi document's effective date on the |   | filing requirements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |  |
| ■ The amendment(s) was/were a action was not required.             | dopted by the incorporators, or board of director   | ors without shareholder action and shareholder           |
| ☐ The amendment(s) was/were a by the shareholders was/were         | dopted by the shareholders. The number of vo sufficient for approval.   | tes cast for the amendment(s)                            |
|  | pproved by the shareholders through voting gro<br>or each voting group entitled to vote separately                                      |  |
| "The number of votes ca  | st for the amendment(s) was/were sufficient for   | rapproval  |
| by   |   | ,.   |
| •, <u> </u>  | (voting group)  | ·  |
| JULY 20<br>Dated<br>Signature                                      | TH. 2020  |  |
| (By a selec  | director, president or other officer – if director led, by an incorporator – if in the hands of a reconted fiduciary by that fiduciary) |  |
|  | ROBERTO WOLFF   |  |
|  | (Typed or printed name of person  | signing)   |
|  | VPCFO   |  |
|  | (Title of person signing)   |  |