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Append. 415/13 DC

COVER LETTER -

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OJALA WINE	INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ASLIE CRUZ Name of Contact Person	
OSAG WI	
1419 SW 22 AU	= # 3
1419 SW 22 Aut Address MIAMI, FL 32 City/ State and Zip Code	3 145
City/ State and Zip Code	?
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call:	
ASLIE CIUZ at (305) Name of Contact Person Area Co.) <u>467-2949</u> de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Depa	
□ \$35 Filing Fee Certificate of Status □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of December 2015
OSALA WINE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent ASLIE CRUZ 1419 SW 22 AVE #3 MIAMI, FC (Florida street address)
(Florida street address)
New Registered Office Address: , Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature 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, 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 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>			<u>Addres</u> s
1) X Change	CEC	<u>Asi</u>	1E W	. Cruz	1419 SW 22 AVE APT #3
Add					
Remove					MIAM, FL 33145
2) \angle Change	<u> </u>	MAL	MUD		5667 NW 36 ST
Add					MIAMI SPRINGS, FC.
Remove	1				33166
3) Change	V	MICH	AEL BET	ANCOURT	10701 S OCEAN DR
Add					#715
Remove					JENSEN BEACH, FL 3495
4) Change	<u> </u>	<u> </u>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessa	ry). (Be specific)			
•				
			• •	
			 	
				
If an amendment provides for an	evchange reclassific	ation or cancells	ation of issued share	2 .
provisions for implementing the	amendment if not co	ntained in the ar	nendment itself:	23
(if not applicable, indicate N/2				
	~~~	<u> </u>		
ASLIE CRUZ	80		DWNFR	SHIP
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he date of each amendment(s) ad	Joption: 3/26/13
feetive date <u>if applicable:</u>	
rective date it approcuote.	(no more than 90 days after amendment file date)
•	
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sui	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated $3/2$	26/13
selected	ce of fiduciary by that fiduciary)
	ASLIE CRUZ 0
	(Typed or printed name of person signing)
	CFO
	(Title of person signing)