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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations		·		
NAME OF CORPORATION: INVERSIO	ONES INVIER	RNO INC		
DOCUMENT NUMBER: P10000458	335	<u></u>		
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
KAROL TRIMI	NIO	<i>i</i>		
INVERSIONES	·			
1301 N ROME		<u> </u>		
TAMPA FL 336	Address 607			
	City/ State and Zip Code			
MRROGERSAPP				
E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please	e call:			
KAROL TRIMINIO	_{at (} 813	8706868		
Name of Contact Person Area Code & Daytime Telephone N				
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



INVERSIONES INVIERNO INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P1000045835

iment(s) to

(Document Number of Co	orporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this F	lorida Profit Cor _l	poration add	pts the following
If amending name, enter the new name of the corp	ooration:			
ame must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." ord" "chartered," "professional association," or the ab	"Inc," or "C	o". A profession		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1301 N ROME AVE		
		TAMPA FL 33607		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			`.	
		1301 N ROMA AVE		
		TAMPA FL 33607		
			•.	
If amending the registered agent and/or registered new registered agent and/or the new registered of		ss in Florida, ent	ter the name	of the
	nce audi ess.	· ·	•	
Name of New Registered Agent				
	(Florida strec	t address)	<u> </u>	
New Registered Office Address:		• ,	, Florida	
	(City)	·.		(Zip Code)
		, e		
iew Registered Agent's Signature, if changing Regist				
hereby accept the appointment as registered agent. I d	am familiar wi	th and accept the	obligations	of the position.
Signature of New	Registered Ag	ent, 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)	Title	Name		<u>Addres</u> s
1) Change	Р	KAROL TRIMINIO		1301 N ROME AVE
Add				TAMPA, FL 33607
Remove				1
2) Change	<u>T</u>	VILMA A TRIMINIO	-	1301 N ROME AVE
Add				TAMPA, FL 33607
Remove				
3) Change	S	ROGER M. TRIMINO-MADI	_	1301 N ROME AVE
Add			`:	TAMPA, FL 33607
Remove				
4) Change				
Add			:	
Remove				
5) Change			· .	
Add			•	<u>Gr</u>
Remove				
6) Change		<u> </u>		
Add			, ,	•
Remove				•

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Attach additional sneets, if necessary). (Be specific)	
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	·
f an amendment provides for an exchange, reclassification, or ca	ancellation of issued shares.
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:
(i) not appricable, indicate titA)	
	·
	· .
	•
	· · ·

The date of each amendment(s) a	adoption: APRIL 30,	2014	_, if other than the	
date this document was signed.	•	÷		
Effective date if applicable: AF	PRIL 30, 2014	; .		
4	(no more i	than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE))		
The amendment(s) was/were ad by the shareholders was/were s		s. The number of votes cast for the amendment(s)		
		ers through voting groups. The following statement led to vote separately on the amendment(s):		
		as/were sufficient for approval		
by	(voting group)			
	(voting group)			
The amendment(s) was/were ad action was not required.	opted by the board of dire	ectors without shareholder action and shareholder		
The amendment(s) was/were ad action was not required.	opted by the incorporator	rs without shareholder action and shareholder		
Dated_APRIL	30. 2014			
Signature	Kon			
(By a selecte		er officer – if directors or officers have not been f in the hands of a receiver, trustee, or other court actary)	_	
	KAROL TRIMINIO			
	(Typed or printed name of person signing)			
	PRESIDENT			
		(Title of person signing)		