P100000 59469

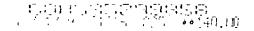
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Inversiones Santan	a I. Corp.	
DOCUMENT NUMB	D10000050460		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Andrea Isquiel		
•		Name of Contact Persor	1
	Inversiones Santana I, Corp.		
		Firm/ Company	
	55 Merrick Way, Apartment	•	
•		Address	
	Coral Gables, Fl 33134		
	" 	City/ State and Zip Code	2
andrea	_izquiel@hotmail.com		
		sed for future annual report	notification)
For further information Andrea Isquiel	concerning this matter, pleas		8010496
Name o	f Contact Person	ut (de & Daytime Telephone Number
	the following amount made		•
■ \$35 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)
Ame Dívis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, 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 Santana I, Corp.			
(<u>Name</u>	of Corporation as currentl	v filed with the Florida Dept. of State)	
P10000059469			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ving amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the Co". A professional corporation name mu P.A."	
B. Enter new principal office address,			<u></u> ;
(Principal office address MUST BE A S	TREET ADDRESS)		
			
C. Enter new mailing address, if appl			P.W.D. 09
(Mailing address MAY BE A POST	(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
			<u>Po</u>
			
D. If amending the registered agent ar new registered agent and/or the new registered agent are new registered.			
Name of New Registered Agent	Andrea Isquiel	•	
Hume of their negionaless rigeria	55 Merrick Way, Apt. 615		
	(Florida stre	vet address)	
New Registered Office Address:	Coral Gables	Florida 33134	
New Registered Office Andreas.			p Code)
New Registered Agent's Signature, if c			
nereoy accept the appointment as regist	lered agent. Tam familiar w	with and accept the obligations of the position	1.
	Signature of New R	poistered 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,

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>	Name	<u>Addres</u> s
1) Change	D	Enrique Isquiel	55 Merrick
Add			Apt. 615
XRemove			Coral Gables, FL 33134
2) Change	D	Omero Isquiel	55 Merrick
Add			Apt. 615
X Remove			Coral Gables, FL 33134
3) Change	D	Gustavo Isquiel	55 Merrick
Add	-		Apt. 615
X Remove			Coral Gables, FL 33134
4) X Change	P	Andrea Isquiel	55 Merrick Way
Add			Apt. 615
Remove			Coral Gables, FL 33134
5) Change		-	
Add			
Remove			·
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
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If an amendment provides for an each	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	October 1, 2019.	
	(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 with Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	."	
• 	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were accation was not required.	dopted by the incorporators without shareholder action and shareholder	
October _ Dated Signature	ludical grue	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Andrea Isquiel	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	