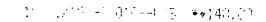
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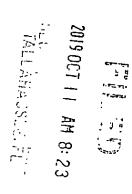
(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: _____ Inversiones Santana III, Corp. DOCUMENT NUMBER: P10000059471 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andrea Isquiel Name of Contact Person Inversiones Santana III, Corp. Firm/ Company 55 Merrick Way, Apartment 615 Address Coral Gables, Fl 33134 City/ State and Zip Code andrea_izquiel@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrea Isquiel at (305) Sol 0496

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$**43.75 Filing Fee & **□\$4**3.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

inversiones Santana III, Corp.				
(<u>Name</u>	of Corporation as currently f	iled with the Florida Dept. of State)		
P10000059471				
	(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the following	ng ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			Tha	new
	ation "Corp," "Inc," or "Co	"company," or "incorporated" or the a ". A professional corporation name must 1."	ubbrevi	iation
B. Enter new principal office address,	if annlicable:		201	
(Principal office address MUST BE A S			0	
				—,==, : ;;
				t.
		SS	AM	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		(1), (1),	<u>ထု</u>	<u> j</u>
(Mulling undress MAT BE A POST OFFICE BOX)		, <u></u> .	~	
			ယ္	
D. 16 amounding also are interested and a second				
D. If amending the registered agent ar new registered agent and/or the ne		in Florida, enter the name of the		
	Andrea Isquiel			
Name of New Registered Agent	5614 11114 4 4 616		-	
	55 Merrick Way, Apt. 615		_	
	(Florida street	address)		
New Registered Office Address:	Coral Gables	, Florida		
	(Ci	ty) (Zip	Code)	
N. B. L. J. J. G. J.				
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agent: ered agent - Lam familiar with	and accept the obligations of the position.		
	lu de l'anie			
	Signature of New Regi	stered 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> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Enrique Isquiel	55 Merrick
Add			Apt. 615
X Remove			Coral Gables, FL 33134
2) Change	<u>D</u>	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			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
mach additional moets, if necessary),	(De speegle)
 	
f an amandment provides for an eval	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	idoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	10-1-19	
	(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, thi epartment of State's records.	s date will 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	opted by the shareholders. The number of votes cast for the amendmental ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareh	older
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	-
October _ Dated Signature.	idelalanie	
(By a select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other on the fiduciary by that fiduciary)	
.,	Andrea Isquiel	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	