Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000304483)))



H180000304483ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (\$50)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

JAN 26 2018

Email Address:

I ALBRITTON

COR AMND/RESTATE/CORRECT OR O/D RESIGN CONSULTANTS FOR UNILATERAL GROWTH INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

NG UMIVED

P. 002

Articles of Amendment

to Articles of In	corporation
o: . CONSULTANTS FOR UNIL	•
	tly filed with the Florida Dept. of State)
(Name of Corporation as current	
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If smending name, enter the new name of the corporation:	
Vecindad Buenavista Design, Inc.	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	127 NW 47 TERR
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33127
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)	127 NW 47 TERR
(Maning and Ess man ton Alexander and	MIÁMI, FL 33127
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florids, enter the name of the
Name of New Registered Agent	
(Florida s	streat address)
New Registered Office Address:	, Florida
	(City) (21p Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	at: r with and accept the obligations of the position.
Signature of Nav	v Revisiered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a	ind
address of each Officer and/or Director being added:	

(Attack 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 = ChiefExecutive 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 to 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>Jo</u>	<u>hn Doe</u>	
X Remove	<u>v</u> <u>M</u>	ike Jones	
<u>X</u> - Add	<u>SV</u> <u>Sa</u>	illy Smith	•
Type of Action (Check One)	<u>Tids</u>	Name	<u>Addres</u> s
1)Change	<u>s</u>	ROSARIO DIAZ	3180 S OCEAN DR STE1008
Add			HALLANDALE, FL 33009
X Remove			
2)Change	PD	JORGE RENDON	127 NW 47 TERR
X Add			MIAMI, FL 33127
Remove			
3) Change	÷		
Add			
Remeve			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ)Change			
Add			
Remove			

(Attach uddition	r adding additional A nal sheets, if necessary	. (Be specific)	<u> </u>			
			 			
						
						
						
		_		·		
					<u> </u>	
		(Free 1/4)	<u></u>			
F. If an amendm	ent provides for an ex	change, reclassific	ation, or cancella	tion of Issued shar	res.	
provisions fo	r Implementing the applicable, indicate N/A)	<u>nendraent if not co</u>	ntained in the an	nendment itself:		
(у погар	plicable, indicale IVA)					
						
	_					
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	 ·			· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		·	<u>-</u>	

01/24/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
01/24/2018	
Effective date <u>if applicable</u> : (no more than 90 days after amend	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ig requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval.	ast for the amendment(3)
The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	The following statement the amendment(s):
"The number of votes east for the emendment(s) was/were sufficient for app	noval
by	.n
by(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	er action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
Dated 1/24/18	
Signature	
(By a director, president or other officer - if directors or	
selected, by an incorporator - if in the hands of a receive	er, trustee, or other court
appointed fiduciary by that fiduciary)	•
Jorga Ken	dog
(Typed or printed name of person sig	uing)
President	+
(Title of nemon signing)	