P11000073973

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	CAMOLE CORP	
DOCUMENT NUM	BER: P11000073973		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MILAGRO GONZALEZ		•
		Name of Contact Perso	n
	PELUSAS GLOBAL ASSOCIATES CORP		
		Firm/ Company	
	1665 W 68th STREET SUIT	E 205	
		Address	
	HIALEAH, FLORIDA 3301	4	
	*****	City/ State and Zip Co	de
pelus	asglobal@yahoo.com	sed for future annual repor	
	L-man address, (to be a	sea Ka ruture tilmaat repor	, nomedian
For further information	on concerning this matter, plea	se call;	
MILAGRO GONZA	LEZ	at (⁷⁸⁶	483-8164
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:
□ \$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)
Am Div P.C	iling Address endment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amer Divis Clifte	t Address Induct Section It is a Corporations In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DYNASTY GUACAMOLE CORP (Name of Corporation as currently filed with the Florida Dept. of State) P11000073973 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation 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 (Florida street address) New Registered Office Address: . Florida New Registered Agent's Signature, if changing Registered Agent: I hereby 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 Doc		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	<u>v</u>	MICHEL S VALDES CABALLERO	3206 51 STREET WEST	
Add XX Remove			LEHIGH ACRES, FL 33971	
2) Change				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	ticles, enter char . (Be specific)				
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an amendment provides for an exc rovisions for implementing the am	:hange, reclassifi endment if not c	cation, or canc	ellation of issu-	ed shares,	
(if not applicable, indicate N/A)	chament it not c	ontained in the	<u>amenament t</u>	<u>sen.</u>	
					 _

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does r document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the 'State's records.
Adoption of Amendment(s) (CI	IECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval
by	
(vo	ting group)
action was not required.	board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
action was not required.	i v
JULY 05,2017 Dated	
Signature X Assiel	Landa
	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
ASSIEL LA	ANDA
	Typed or printed name of person signing)
PRESIDEN	T
	(Title of person signing)