P11000103561

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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: FEGAL INVESTMENTS, INC. P11000103561 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MONICA GUZMAN Name of Contact Person MANAGEMENT SOLUTIONS USA Firm/ Company 10530 NW 26TH ST. #F-106 MIAMI, FL. 33172 City/ State and Zip Code monica@redpointusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MONICA GUZMAN Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment Articles of Incorporation

FEGAL INVESTMENTS, INC.

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

P11000103561

(Document Number of Corporation (if known)

NEW SALVES Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

| ts Articles of Incorporation: | | | |
|--|---------------------------------------|----------------------|---------------------------|
| A. If amending name, enter the new name of the o | corporation: | | • |
| | | | : The ne |
| ame must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the | p," "Inc," or "Co". A prof | | ated" or the abbreviation |
| . Enter new principal office address, if applicable | le; | | |
| Principal office address <u>MUST BE A STREET AD</u> | | | • |
| | | | 6 |
| | | | |
| Enter new mailing address, if applicable; | OV) | | |
| (Mailing address <u>MAY BE A POST OFFICE BC</u> | <u></u> | | |
| | ···· · | | |
| • | · | | |
| . If amending the registered agent and/or registe | ered office address in Florid | a, 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 | <u>:</u> |
| | (City) | | (Zip Code) |
| | | | |
| ew Registered Agent's Signature, if changing Reg | zistered Agent: | | 1 |
| nereby accept the appointment as registered agent. | | ot the obligations o | of the position. |
| | | | i |
| Signature of Ne | ew Registered Agent, if chang | ring | · |

Page 1 of 4

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 | Y | Mike Jones | ! | |
| X Add | <u>SV</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | Address | |
| 1)Change | VP | GLADYS J. MEDINA | CAMPO ALEGRE A-19 | |
| X Add Remove | | | ICA, PERU | |
| 2) × Change Add | Р | FERNANDO GALVAN | CAMPO ALGRE A-19 | |
| Add Remove | | | ICA, FERO | |
| 3) Change Add Remove | | | | |
| 4) Change Add Remove | | | | |
| 5) Change Add | · | | : | |
| Remove | | | ; | |
| Change Add | | | - | |
| Remove | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | : |
|--|---------------------------------------|
| ARTICLE IV - ADD 1 SHARES- TOTAL 2 | |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A) | : ! : |
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| The date of each amendment(s) | adoption: 1/1/12 | |
|--|--|--|
| Effective date if applicable: | ; | |
| Cata - 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ac by the shareholders was/were s | iopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. | |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| ☐ The amendment(s) was/were adaction was not required. | opted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ad action was not required. | opted by the incorporators without shareholder action and shareholder | |
| Dated_1/1/12 | | |
| | rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| | ated fiduciary by that fiduciary) | |
| | FERNANDO GALVAN | |
| | (Typed or printed name of person signing) | |
| • | PRESIDENT | |
| | (Title of person signing) | |