P11000-103782

(Re	equestor's Name)	
(Ad	ldress)	
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(Do	ocument Number)	
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: LATIN A DOCUMENT NUMBER: P11000103	MERICA INVE 3782	ST CORP.
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
ITALO TORR	ESE	
BRICKELL PI	Name of Contact Person	•
444 BRICKEL	Firm/ Company L AVE. SUITE	P-28
MIAMI, FLOR	Address IDA 33131	
BRICKELLDOCU E-mail address: (to be	City/ State and Zip Cod JMENTS@GM used for future annual report	AIL.COM
For further information concerning this matter, ple	ease call:	
ITALO TORRESE	_{at (} 786	, 431-1399
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Articles of Amendment to Articles of Incorporation

I ATIN AI	MERICA	INVEST	CORP.
L/ \ / \ / \			OOIN .

	•••		
(Name of Corporation as currently filed with the F	<u>lorida Dept. of</u>	State)	
P11000103782			
(Document Number of Corporation (if	f known)	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit (Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:			
N/A		•	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	Co". A profes		
B. Enter new principal office address, if applicable:	A 1 / A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	<u> </u>	

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

N/A	

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	N/A		-	
New Registered Office Address:	N/A	(Florida street address)	. Florida	
The state of the s		(City)		(Zip Code)

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	NABILA M. DABDOUB	444 BRICKELL AVE.
Add			SUITE 940
Remove			MIAMI, FLORIDA 33131
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			
Add			
l Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	•
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Constant	*
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<u> </u>	
F. If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend	of issued shares, ment itself:
(if not applicable, indicate N/A)	·
N/A.	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	_
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	For the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	:
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated OCTOBE	ER 8, 2014	
Signature	Ory.	
(By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	DAMIAN A. VALENZUELA MAYER	
•	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	•