P12000068664

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JUL 0 8 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INFO GUIA PERU, INC.						
DOCUMENT NUMBER: P12000068664						
The enclosed Articles of Amendment and fee ar	e submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
BLANCA ZAMBRANO	LUNA					
	Name of Contact Person					
Firm/ Company						
1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR						
Address						
SUNRISE, FL 33323						
	City/ State and Zip Code	e				
BLAN.61@HOTMAIL.COM						
E-mail address: (to b	e used for future annual report	notification)				
For further information concerning this matter, p	lease call:					
BLANCA ZAMBRANO LUNA	at (786	2375255				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount ma	ide payable to the Florida Depa	artment of State:				
\$35 Filing Fee Certificate of Statu		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Infosuia beru	INC		
(Name of Corporation as currently P12000068664	filed with the Florida Dept. of State)		
(Document Number of	Cornoration (if known)		
	•		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following	ng amendmen	it(s) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must	ibbreviation contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7
	i i	<u>74</u>	
		<u> </u>	\bigcirc
		1	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	F 17	
Name of New Registered Agent			
tFlorida stree	et address)	_	
New Registered Office Address:	, Florida		
	City) (Zip	Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.		
Signature of New Reg	gistered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	MARIA V BOLOGNESI	1266 SW 115 WAY
X Add		ADRIANZEN DE BACIGALUPO	DAVIE FL 33325
Remove			
2) Change	p	FIORELLA M BACIGALUPO	1266 SW 115 WAY
Add			DAVIE FL 33325
X Remove			
3) Change			
Add			
Remove			
4) Change	_		
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			~
Add			
Remove			

	icles, enter change(s) here: (By specific)
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<u>-</u>	_
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<u>If an amendment provides for an exch</u>	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amo-	ndment if not contained in the amendment itself:
processing for implementing the aint.	
(if not applicable, indicate N/A)	<u>-</u>
(if not applicable, indicate N/A)	

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 not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/18/2019	
Signature Full Bul	
(By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
FIRELLA M BACIGALUPO	
(Typed or printed name of person signing)	
P	
(Title of person signing)	