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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: INFO GUIA PER	U, INC.				
DOCUMENT NUMI	P12000068664					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corre	spondence concerning this ma	atter 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 Cod	e			
BLA	N.61@HOTMAIL.COM					
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	n concerning this matter, plea-	se call:				
BLANCA ZAMBRANO LUNA		at (2375255			
Name	of Contact Person	Area Code & Daytime Telephone Numb				
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	artment 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)			
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

Articles of Amendment to Articles of Incorporation of

INFO GUIA PERU, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P12000068664	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(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	" "company," or "incorporated" or the abbreviation o". A professional corporation name must 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) D. If amending the registered agent and/or registered office address: Name of New Registered Agent	SECRETARY OF STATE TALLAI M.S.S.E.E. J.L. ss in Florida, enter the name of the
(Florida stree	et address)
New Registered Office Address:	. Florida
· ·	1237 : 1017
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. 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: XChange	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u> GIANFRANCO BACIGALUPO	<u>Address</u>	
1) Change	Ъ	GINGLIANO	1266 SW 115 WAY	-
X Add			DAVIE FL 33325	-
Remove	D.	MARIA V BOLOGNESI		-
2) Change	Pt ——	A <u>DRIANZEN DE BACIGALUPO</u>	1266 SW 115 WAY	-
Add X Remove			DAVIE F1. 33325	
3) Change				-
Add Remove			PALLA	Bacar S
4) Change			-2 HAS	
Add Remove			PH 12:107	التقس
5) Change			· · ·	
Add Remove			<u> </u>	-
6) Change				•
Add				-
Remove				

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this doepartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following staten or each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and sharehold dopted by the incorporators without shareholder action and shareholder	ler
06/18/20	19	
selec	director president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	· · · · · · · · · · · · · · · · · · ·
	MARIA V BOLOGNESI ADRIANZE DE BACIGALUPO	2019 ECR TAL
	(Typed or printed name of person signing)	
	PT	ASS N
	(Title of person signing)	MIZ: 07