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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BARINAS & ASSOCIATES INC.

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN CASTILLO ENTERPRISES GROUP, INC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$43.75 |

## Articles of Amendment to Articles of Incorporation of

| of   |  |                                 |   |
|--|--|---------------------------------|---|
| CASTILLO ENTERPRISES GROUP, INC  | >  | _                               |   |
| (Name of Corporation as correplly filed with the FI  | orida Dept. of State)                            | -                               |   |
| P12000072486   |  | -                               |   |
| (Document Number of Corporation (If  | [knówn]  |                                 |   |
| Pursuant to the provisions of section 607.1006, Florida Sintures, this $i$ its Articles of Incorporation:  | Florida Profit Corporation adopts the followin   | g imendment(:                   | s) 10   |
| A. If amending name, enter the new name of the corporation:  |  |                                 |   |
| name must be distinguishable and contain the word "corporation" "Curp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "tword "chartered," "professional association," or the abbreviation". | Co". A professional corporation name must        | The new boreviotion contain the |   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET (DDRESS)  |  | -                               |   |
| C. Enter new mailing address, if applicable; (Mailing address: MAY BE A POST OFFICE BOX)   |  | 15 MAR -5 AM                    | SECRETARY OF STREET                                 |
| D. If amending the registered agent and/or registered office address  Name of New Registered Agent   | ress in Florida, enter the name of the           | AM 10: 42                       | 125 (A)<br>125 (A)<br>125 (A)<br>125 (A)<br>125 (A) |
| Elevida m  | tel additss)                                     |                                 |   |
| New Registered Office Address.   |  |                                 |   |
| City)  | , Florida, Z(p Cade)                             | - '                             |   |
| New Revistered Avant's Signature, if changing Revistered Avent I hereby accept the appointment as registered agent. I am familiar v  | with and accept the obligations of the position. |                                 | ,   |
| Signature of Sens Registered .   | AGEN! If Chanoins                                |                                 |   |

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 = ChiefExecutive 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, Saliy Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Saliy Smith, SV as an Add.

| Example: X Change             | <u>PT</u>    | John Do        | <u>×¢</u>       |                                       |
|-------------------------------|--------------|----------------|-----------------|---------------------------------------|
| X Remove                      | Y            | Mike lo        | ines            |                                       |
| X Add                         | SY.          | Saliy Sa       |                 | •                                     |
|                               |              | <u>SMIT ON</u> |                 |                                       |
| Type of Action<br>(Check One) | <u>Title</u> |                | <u>Name</u>     | Address                               |
| 1) Change                     | PSD          | <u> </u>       | MAYRA CASTILLO  | 11004 NW FLAGLER LN                   |
| Add                           |              |                |                 | MIAMI, FL 33172                       |
| Rémove                        |              |                |                 |                                       |
| 2) Change                     | VT           |                | ANA Z ESCALANTE | 11004 NW FLAGLER LN                   |
| Addi                          |              |                |                 | MIAMI, FL 33172                       |
| Remove                        |              |                |                 |                                       |
| 3) Change                     |              | <del></del>    |                 |                                       |
| Add                           |              |                |                 | · · · · · · · · · · · · · · · · · · · |
| Remove                        |              |                |                 |                                       |
| 4) Change                     |              |                |                 |                                       |
| Add                           |              |                |                 |                                       |
| Remove                        |              |                |                 |                                       |
| 5) Change                     |              |                |                 |                                       |
| Add                           | 12.          |                |                 |                                       |
| Remove                        |              |                |                 |                                       |
|                               |              |                |                 |                                       |
| 6) Change                     |              | <del></del>    |                 |                                       |
| Add                           |              |                |                 | , , , , , , , , , , , , , , , , , , , |
| Remove                        |              |                |                 |                                       |

| Attach additional sheets, if necessary).   | ticles, enter chappe(s) here:<br>. (Be specific)  |
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| If an amendment provides for an est<br>provisions for implementing the am<br>(If not applicable, indicate N/A) | chause, reclassification, or cancellation of issued shares, condinent if not contained in the amendment itself: |
| provisions for implementing the am   | pendment if not contained in the amendment itself:  |
| provisions for implementing the am   | pendment if not contained in the amendment itself:  |
| provisions for implementing the am   | pendment if not contained in the amendment itself:  |
| provisions for implementing the am   | pendment if not contained in the amendment itself:  |
| provisions for implementing the am   | pendment if not contained in the amendment itself:  |
| provisions for implementing the am   | pendment if not contained in the amendment itself:  |

03/04/2015 17:41

18596695760 FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 MAR -5 AM 10: 42

Effective 01/01/14

| The date of our | th squeadment(s) adoption: 01/01/14   | if other than |
|-----------------|---|---------------|
| date this docum | est was signed.   |               |
| Effective date  | (no more than 90 days after amendment file date)  |               |
|                 | (no more than set days after amendment for serve)   |               |
| Adeption of As  | mendment(s) ( <u>CHECK ONE</u> )  |               |
| The amendan     | nerals) was/were adopted by the shareholders. The number of votes cast for the amendment(s) bolders was/were sufficient for approval.   |               |
|                 | rent(s) was/were approved by the shareholders through voting groups. The following statement brately provided for each voting group emitted to vote separately on the amendment(s):                           | ı             |
| "The ru         | umber of votes east for the amendment(s) was were sufficient for approval   |               |
| by              | (voting group)  |               |
| _               | (voting group)  |               |
| The emending    | entis) was were adopted by the board of directors without shareholder action and shareholder<br>it required.  |               |
| The amendmo     | ends) was were adopted by the incorporators without shareholder action and shareholder<br>R required.   |               |
|                 | Dated   |               |
|                 | Signature 12/05/2014 AUG 15   |               |
|                 | (By a director, president or other officers of disactors or officers have not been selected, by an inexpositor of it in the manus of a raceiver, trustee, or other counsepointed fiduciary by that fiduciary; | t             |
|                 | MAYRA CASTILLO  |               |
|                 | (Typic or proportation of person signing)   | <del></del>   |
|                 |   |               |
|                 | PRESIDENT   |               |