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SECRETARY OF STAT

NOT MINOSPECTION

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	COMERCIALIZAD	ORA SAI	N MIGL	JEL 2021 INC
DOCUMENT NUMBER:	13000007123			
	adment and for are submitted	d for filing		
The enclosed Articles of Amen	ameni and lee are submitte	a for filing.		
Please return all correspondence	e concerning this matter to	the followir	ng:	
	JOSE	PEREZ		
	Na JP GLOBAL BUSI	me of Conta		
	7325 NW 3	Firm/ Con 6TH ST	npany	
	MIAMI, FL	Addre: 33166	ss	
	Cit	y/ State and	Zip Code	;
	jose.perez@jpo	gbusines	s.com	
E-n	nail address: (to be used for	future annu	al report	notification)
For further information concern	ning this matter, please call:			
JOSE PEREZ		at (305	436-0093
Name of Contac	et Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following	owing amount made payable	e to the Floi	rida Depa	rtment of State:
	ertificate of Status Ce (A	13.75 Filing ertified Cop dditional co aclosed)	y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		Amenda Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

FILED

COMERCIALIZADORA SAN MIGUEL 2021, INC	13 MAY 20 AM II: 39
(Name of Corporation as currently filed with the Florida	la Dent. of State)
(Name of Corporation as currently filed with the Florida P13000007123	SECRETARY OF STATES TABLAHASSEE, FLORIDA
(Document Number of Corporation (if know	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) t
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 "Co". word "chartered," "professional association," or the abbreviation "P.A."	. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
<u> </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 in new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent	·
(Florida street ada	idress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
l hereby accept the appointment as registered agent. I am familiar with ar	and accept the obligations of the position.
Signature of New Registered Agent,	t, 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 <math>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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	D	RENE D. BELLO	1100 Lee Wagener Blvd
X Add			APT 32
Remove			FT Lauderdale, FL 33315
Kemove			
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach	additional sheets,	if necessary).	(Be specific,)			
							
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			<u>.</u>				
provisi	nendment provid ions for impleme Inot applicable, in	nting the amen	ange, reclassi	fication, or co	ancellation of i	ssued shares, t itself:	
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she: O 5/1 5/20 13	ders. The number alders through vote stitled to vote sept was/were suffici p)	of votes cast for t ing groups. The for arately on the ame ent for approval	he amendment(s) bilowing statement indment(s):
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s/were adopted by the board of d. s/were adopted by the incorpore	directors without	shereholder action	n and shareholder
d. s/were adopted by the incorpore		shareholder ection	n and shareholder
05/15/2013			
we			
appointed fiduciary by that if JOS (Typied or	if in the hands of indiciary) E COLON I printed pame of RECUENT	of a receiver, fract	ee, or other court
	appointed fiduciary by that	appointed fiduciary by that fiduciary) JOSE COLON	JOSE COLON (Typed or printed from each person/signing) PRESIDENT.