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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: UNEKUAL INC DOCUMENT NUMBER: P13000014352 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alejandro Gugliotta Name of Contact Person UNEKUAL Inc Firm/ Company 2400 Brickell Ave, suite 306D Address Miami FL, 33129 City/ State and Zip Code be@unekual.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\frac{305}{\text{Area Code \& Daytime Telephone Number}})$ Alejandro Gugliotta Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

to
Articles of Incorporation
of

FILED 14 1/37 24 FK 12: 20

UNEKU	JAL Inc
	(Name of Corporation as currently filed with the Flori

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000014352

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new na		X	ſ- } }	The
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Ir	nc," or "Co	". A professi	or "incorporated" or the abbrevi
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2100 Ponce de Leon Blvd.		
		<u>S</u>)	Suite 1175	
			Coral Ga	ables FL 33134
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			2100 Ponce de Leon Blvd	
	<u> </u>	Suite 1175		
			Coral Ga	ables FL 33134
Name of New Registered Agent	Edmundo	Gugliot	ta	
		lorida street	address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	9660 SW 1	146 st,	Miami	, Florida 33176
		(City)		(Zip Code)
N. D. Jakov I.A. Abeet and a second		• • • •	All	
New Registered Agent's Signature, if cl herehy accept the appointment as regist			Milycepi in	e obligations of the position.
Sig	gnature of New Res	र्राहरूब मह	int, ip changing	
	Į	\ / /		

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)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	PT	Ramon Martinez	5850 SW 45 Terrace		
Add			Miami FL 33155		
Remove					
2) Change	PT	Jose Luis Alvarez Trujillo	2100 Ponce de Leon Blvd.		
Add			Suite 1175, Miami FL		
Remove			33134		
3) Change	<u> </u>				
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

f amending or adding addition Attach additional sheets, if neco	essary). (Be s	nter change(s) nere:	V-A	
					
			<u></u>		
			<u></u> .		
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1.00		· 			
	 				
f an amendment provides for provisions for implementing (if not applicable, indicate	<u>the amendmen</u>	recla <u>ssificatio</u> t if not contai	n, or cancellat	ion of issued sh ndment itself:	ares,
				J-A	
			·.·-		
			-17		
	-				

date this document was signed		, if other than the
Effective date if applicable:	11/15/2014	
in apparation	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	14/2014 J	
Signature	Thillier	
(E	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Edmundo Gugliotta	
	(Typed or printed name of person signing)	_
	Director	
	(Title of person signing)	