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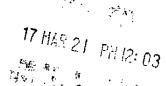
TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: DELFIN FERRER	. CORP	
DOCUMENT NUMBE	P13000032974	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
R	AUL CASTRO		
		Name of Contact Person	1
D	ELFIN FERRER CORP		
		Firm/ Company	
95	565 SW 24 ST APT H208		
		Address	
M	IAMI, FL 33165		
		City/ State and Zip Code	C
DELFIN	IFERRERCORPORATION	i@GMAIL.COM	
		sed for future annual report	notification)
	`	•	
For further information of	oncerning this matter, pleas	se call:	
RAUL CASTRO		at (305	8246213
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	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)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment

to

Articles of Incorporation



N/A **(**

Delfin Ferrer Lap
(Name of Corporation as currently filed with

(Name of Corporation as curren	itly filed with the Florida Dept. of State)
N/A	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	A The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2855 NW 100 ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33147
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2855 NW 100 ST
(maning addition into a control and a contro	MIAMI, FL 33147
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
N/A	
Name of New Registered Agent	
	-19-10-1
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Signature of New	Registered 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)	Title	<u>Name</u>	Address
I) Change	v	DANIELA CASTRO	2855 NW 100 ST
X Add			MIAMI, FL 33147
Remove	•		
2) Change	v	DAIRIS J. REYES	2855 NW 100 ST
X Add			MIAMI, FL 33147
Remove			
3) Change			
Add			det Maria
Remove			•
4) Change			
Add			***
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A	,, (- * - ; - - - - - - - -	
		
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	-	
	1 and the state of	and the state of t
 If an amendment provides for an e provisions for implementing the a 	mendment if not contained in	the amendment itself:
(if not applicable, indicate N/A)	
N/A		
	# **** # ***** # ***** # ***** # *****	

	03/17/17	
	adoption:	, if other than th
date this document was signed.		
	/17/17	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	()	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date volument of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
03/17/17		
Dated	1	
Signature	X / .	
(By a	director, president or other officer - if directors or officers have not been	
	led, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	RAUL CASTRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	