P13000038437

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SOPRANICO CORP			
DOCUMENT NUMBER: P13000038437			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Piease return all correspondence concerning this matter	to the following:		
ROBERTO E MACHO			
	Name of Contact Person		
	UHY MACHO & ASOCIADOS		
	Firm/ Company		
1110 BRICKELL AVENUE, SU	JITE 806		
	Address		
MIAMI. FL 33131			
	City/ State and Zip Code		
RMACHO@UHY-MACHO.COM			
E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please c			
Name of Contact Person	at (305) 503-2700 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made pay	able to the Florida Department of State:		
\$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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

	Articles of Incorporation	THE STATE OF THE S
\mathbf{C}	✓ of	Ø.
SOPRANICO (102P	
	on as currently filed with the Fl	orida Dept. of State)
P1300	00038437	
(Docum	ent Number of Corporation (if kr	iown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following amendment(s)
A. If amending name, enter the new name of the co	moration:	
		The new
name must be distinguishable and contain the ward "Corp" "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	""Inc," or "Co". A profession	or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)	
C. Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BO)	<u>*</u>	
	,	
	•	
	~ ~~~~~~	
 If amending the registered agent and/or register new registered agent and/or the new registered 		ter the name of the
new resisteren agent auton the new resisteren o	ornce address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
Nam Paristand Asset Charles (Charles	*	
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.		e abligations 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: XChange	PI	John Doe	
X Remove	¥	Mike Jones	
_X Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	SERGIO AGOSTINI	1110 BRICKELL AVENUE
X Add			SUITE 806
Remove			MIAMI, FL 33131
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
E) Channa			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Articles, enter change(s) here: sal sheets, if necessary). (Be specific)	
		
		
		
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lf an amendm	ent provides for an exchange, reclassification, or cancellation of issued sh	ares,
provisions for	implementing the amendment if not contained in the amendment itself:	
(if not ap)	olicable, indicate N/A)	
		
		
		
	·	

The date of each amendment(s) 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 block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adaption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/29 16	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an inderporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that liduciary)	
GABRIEL AGOSTINI	
(Typed or printed name of person signing)	
<u> </u>	
(Title of person signing)	