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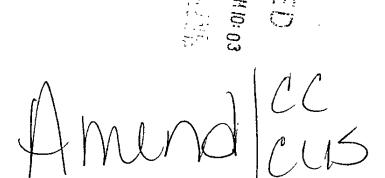
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: CRANBER	RIES T CORP			
DOCUMENT NUMBER: P1300005672	7			
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this mat	ter to the following:			
CRISTIAN GIACI	JLLI			
	Name of Contact Person	1		
G & GJ INTERNA	ATIONAL INVES	STMENT		
	Firm/ Company			
20807 BISCAYNE BLVD. STE 104				
	Address			
AVENTURA, FL :	33180			
,	City/ State and Zip Cod	e		
lavand@grgcpa.com				
— — — .	ed for future annual report	notification)		
For further information concerning this matter, pleas	e call:			
CRISTIAN GIACULLI	_{at (} 305	987-7240		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	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)		
Mailing Address		Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CRANBERRIES T CORP

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P13000056727	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
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 "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	77 CC 77 14 17 17 17 17 17 17 17 17 17 17 17 17 17
D. If amending the registered agent and/or registered office addres	ss in Florida, enter the name of the 377 &
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	t addrage)
(Proridu Su ee	auuress)
New Registered Office Address: (City)	, Florida (Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	
Signature of New Registered Ag	ent it 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.

X Change	PT	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	<u>Addres</u> s
1) Change	Р	ANTONIA VELAZQUEZ DE	20807 BISCAYNE BLVD.
Add			SUITE 104
Remove			AVENTURA, FL 33180
2) Change	Р	RAMIN TOVFIGH RAFII	20807 BISCAYNE BLVD.
Add			SUITE 104
Remove			AVENTURA, FL 33180
3) Change			
Add			
Remove			
4) Change			····
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach	n additional s	lding additiona sheets, if necesso	ary). (Be sp	ecific)	nere.		
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prov	isions for im	provides for an plementing the	amendment	if not contai	n, or cancella ned in the an	ition of issued iendment itse	<u>shares,</u> <u>lf:</u>
(if not applice	able, indicate N	(A)				
					······································		
	<u> </u>			 .	·		
						 	14
				·			*** · . · · *

t ne date of each amendment(s) date this document was signed.	adaption:	, if other than
Effective date <u>if applicable:</u>		
<u></u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	B. herre	
Signature	B. herral	
,	a director, president or other officer — if directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustee, or other court	
	pinted fiduciary by that fiduciary)	
	VELAZQUEZ DE BORELLO ANTONIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	