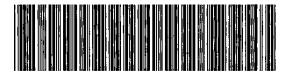
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| (R                                      | equestor's Name)       |           |  |  |
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| PICK-UP                                 | ☐ WAIT                 | MAIL MAIL |  |  |
| (B                                      | usiness Entity Name)   | •         |  |  |
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| Certified Copies                        | Certificates of        | f Status  |  |  |
| Special Instructions to Filing Officer: |                        |           |  |  |
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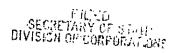
MIN . O THE

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR                           | ATION: DANMAR INVER   | SIONES , INC.  |   |
|--|---|--|---|
| DOCUMENT NUMB                            |   |  |   |
|  | of Amendment and fee are su   | bmitted for filing.  |   |
| Please return all corres                 | pondence concerning this ma   | tter to the following:   |   |
| j  | MARIO D MALDONADO   |  |   |
| -  |   | Name of Contact Person   | 1   |
|  | DANMAR INVERSIONES,   | INC.   |   |
| -  | ···   | Firm/ Company  |   |
| ;  | 2441 NW 93 AVENUE 102   |  |   |
| -  |   | Address  |   |
|  | DORAL, FL, 33172  |  |   |
| ·  |   | City/ State and Zip Cod  | e   |
| maria                                    | noacosta@gmail.com  |  |   |
|  | E-mail address: (to be us   | sed for future annual report                                       | notification)   |
| For further information  MARIO D MALDON. | concerning this matter, pleas   |  | 554_1838  |
|  |   | at ( <sup>786</sup>  | _) 554-1838   |
| Name o                                   | f Contact Person  | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for                  | the following amount made   | payable to the Florida Depa  | artment of State:   |
| S35 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)    |
| Ame<br>Divis<br>P.O.                     | ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of



DANMAR INVERSIONES, INC.

15 NOV -9 PM 3:50

| (Name  | of Corporation as curre     | ntly filed with the Florid       | la Dept. of State)                         |
|--|-----------------------------|----------------------------------|--|
| P13000063069   |                             |                                  |  |
|  | (Document Number            | of Corporation (if known         | 1)   |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, th | is <i>Florida Profit Corpord</i> | ation adopts the following amendment(s) to |
| A. If amending name, enter the new n   | ame of the corporation:     |                                  |  |
| N/A  |                             |                                  | The new                                    |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate | nation "Corp," "Inc," or    | · "Co". A professional o         | incorporated" or the abbreviation          |
| B. Enter new principal office address,   | if annlicable.              | N/A                              |  |
| (Principal office address MUST BE A STREET ADDRESS)  |                             |                                  |  |
|  |                             |                                  |  |
|  |                             |                                  |  |
| C. Enter new mailing address, if appl  | icable:                     | N/A                              |  |
| (Mailing address MAY BE A POST   | OFFICE BOX)                 | IN/A                             |  |
|  |                             |                                  |  |
|  |                             |                                  |  |
|  |                             | <del></del>                      |  |
| <ul> <li>If amending the registered agent ar<br/>new registered agent and/or the ne</li> </ul>                         |                             |                                  | he name of the                             |
|  | MARIANO D ACOSTA            | <del></del>                      |  |
| Name of New Registered Agent   |                             |                                  |  |
|  | 2441 NW 93 AVE 102          |                                  |  |
|  | •                           | street address)                  | 22.172                                     |
| New Registered Office Address:   | DORAL                       |                                  | , Florida 33172                            |
|  |                             | (City)                           | (Zip Code)                                 |
|  |                             |                                  |  |
| New Registered Agent's Signature, if c   | hanging Registered Age      | nt:                              |  |
| I hereby accept the appointment as regist  |                             |                                  | gations of the position.                   |
|  |                             | _                                |  |
|  | Hariano 1                   | ) docute                         |  |
|  | Signature of New            | Registered Agent, if char        | nging                                      |

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) | <u>Title</u> | <u>Name</u>       | <u>Addres</u> s            |  |  |
| 1) Change                  | P            | MARIO D MALDONADO | 7525 NW 61 ST TER APT 1901 |  |  |
| Add                        |              |                   | PARKLAND, FL, 33067        |  |  |
| X Remove                   |              |                   |                            |  |  |
| 2) Change                  | VP           | MARIANO D ACOSTA  | 2441 NW 93 AVE 102         |  |  |
| Add                        |              |                   | DORAL, FL, 33172           |  |  |
| X<br>Remove                |              |                   |                            |  |  |
| 3)Change                   | P            | MARIANO D ACOSTA  | 2441 NW 93 AVE 102         |  |  |
| X<br>Add                   |              |                   | DORAL, FL, 33172           |  |  |
| Remove                     |              |                   |                            |  |  |
| 4) Change                  |              |                   |                            |  |  |
| Add                        |              |                   |                            |  |  |
| Remove                     |              |                   |                            |  |  |
| 5) Change                  |              |                   |                            |  |  |
| Add                        |              |                   |                            |  |  |
| Remove                     |              |                   |                            |  |  |
| 6) Change                  |              |                   |                            |  |  |
| Add                        |              |                   |                            |  |  |
| Remove                     |              |                   |                            |  |  |

| A             | (Attach additional sheets, if necessary). (Be specific) |                     |                     |                    |                          |
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|               |   | 1                   |                     |                    |                          |
| If an amendm  | ent provides for an e                                   | xchange, reclassifi | cation, or cancella | tion of issued sha | res,                     |
| provisions fo | r implementing the a                                    | mendment if not co  | ontained in the am  | endment itself:    |                          |
| (if not ap    | plicable, indicate N/A                                  | )                   |                     |                    |                          |
|               | •   |                     |                     |                    |                          |
| A             |   |                     |                     |                    | ························ |
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|   | 11/05/2015   |                                   |
|---|--|-----------------------------------|
| The date of each amendment(s)                                       | adoption:  | , if other than the               |
| date this document was signed.                                      | 10.7.10.5.4.7  | DIVISION OF CORPERATIONS          |
| Effective date if applicable:                                       | /05/2015   | of very erations                  |
| Enecuve date it applicable.   | (no more than 90 days after amendment file date)   | 15 NOV -9 PM 3: 50                |
| Note: If the date inserted in this document's effective date on the | s block does not meet the applicable statutory filing requirements, the Department of State's records.   | is date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                                   |
| ☐ The amendment(s) was/were a by the shareholders was/were          | dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.   | nent(s)                           |
| The amendment(s) was/were a must be separately provided f           | pproved by the shareholders through voting groups. The following stoor each voting group entitled to vote separately on the amendment(s):  | atement                           |
| "The number of votes ca   | st for the amendment(s) was/were sufficient for approval   |                                   |
| by  | (voting group)   |                                   |
|   | (voting group)   |                                   |
| action was not required.  | dopted by the board of directors without shareholder action and shareholded dopted by the incorporators without shareholder action and shareholded in the incorporators without shareholder action and shareholded in the incorporators without shareholder action and shareholder action a |                                   |
| (By a selec   | director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)  | oeen<br>court                     |
|   | MARIO D MALDONADO  |                                   |
|   | (Typed or printed name of person signing)  |                                   |
|   | PRESIDENT/OFFICER/DIRECTOR   |                                   |
|   | (Title of person signing)  |                                   |