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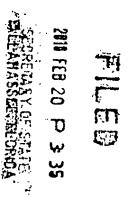
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ON: EJECUTIVOS VIRGEN DEL VALLE, CORP				
DOCUMENT NUMBER: P13000072197					
The enclosed Articles of Amenda	nent and fee are su	omitted for filing.			
Please return all correspondence of	concerning this mat	ter to the following	g :		
ANTONI	O GONZALEZ				
	Name of Contact Person				
GONZAL	GONZALEZ & ASSOCIATES III PA				
Firm/ Company					
8436 W OAKLAND PARK BLVD					
	Address				
SUNRISE	SUNRISE, FL 33351				
	City/ State and Zip Code				
AGONZA	ALEZ@AMEFINA	NCIALGROUP.CO	ОМ		
	-	ed for future annua		otification)	
For further information concerning	g this matter, pleas	e call:			
ANTONIO GONZALEZ		at (54	773-7286	
Name of Contact I		Area Cod	e & Daytime Telephone Number		
Enclosed is a check for the follow	ing amount made r	avable to the Florid	da Denar	tment of State:	
	se p	my more to the right	ou Depui	inent of plate.	
	.75 Filing Fee & ificate of Status	\$43.75 Filing F Certified Copy (Additional cop enclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL		Division Clifton I	nent Section of Corporations		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

EJECUTIVOS VIRGEN DEL VALLE, CORP

(Name	of Corporation as curre	ntly filed with the Florida I	Dept. of State)
	P130000	072197	
	(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corporatio</i>	n adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
N/A			ant.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	r "Co". A professional corp	The new orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
(1. The opin of free man 133 <u>most be 71 s</u>	TREET ADDRESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
			<u> </u>
D. If amending the registered agent an new registered agent and/or the new			name of the
Name of New Registered Agent	GONZALEZ & ASSO		
Nume of New Registered Agent	8436 W OAKLAND PA	ARK BLVD	
	(Florida	street address)	
New Registered Office Address:	SUNRISE		. Florida 33351
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Age	nt·	
I hereby accept the appointment as regist			tions of the position.
		ld	211
	Signature of Nev	Registered Agent, if changi	ng Fig. 15

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	TREA		GIPSY J. HERNANDEZ Q.	8910 NW 98TH CT
X Add				DORAL, FL 33178
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
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
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

The date of each amendment(late this document was signed.	s) adoption:	, if other than the
·	02/15/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	ider
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	02-13-2018 Abard	
(B)	y a director president or other officer – if directors or officers have not bee ected, by an incorporator – if in the hands of a receiver, trustee, or other co- pointed fiduciary by that fiduciary)	
	RICHARD COVA DELGADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u></u>