## P130000 79939

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APR 04 2013 T. LERNZUX



## COVER LETTER

**TO:** Amendment Section Division of Corporations

3

NAME OF CORPORATION: TAURI INTER	NATIONAL CORP						
DOCUMENT NUMBER: P13000079939							
The enclosed Articles of Amendment and fee are	submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
DANIEL E. FERNANDE	ZZ						
Name of Contact Person							
DANIEL E. FERNANDE							
	Firm/ Company						
7480 SW 40TH STREET	• •						
	Address						
MIAMI, FL 33155							
<del></del>	City/ State and Zip Code						
E-mail address: (10 b)  For further information concerning this matter, p	e used for future annual report notification)						
DANIEL E. FERNANDEZ	at (305 ) 264-0881  Area Code & Daytime Telephone Number						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount ma	ide payable to the Florida Department of State:						
■ \$35 Filing Fee Certificate of Statu							
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 of

TAURI INTERNATIONAL CORP

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P13000079939	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
N/A	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
D. Kutan nam principal office address: if applicables	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	RESS )
C. Enter new mailing address, if applicable:	N/A
(Malling address MAY BE A POST OFFICE BOX	9
D. 15. W. al	d 68 and days by Florida and the same of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
Name of New Registered Agent N/A	
Name of New Rogistered Agent	
	(Florida street address)
New Registered Office Address: N/A	. Florida
New Registered Office Address,	(City) (AppCode)
N	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Siona	ture 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.

X Change	<u>PT</u>	John Do	<u>c</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	Title		Name	Address		
1) Change	Р	<del></del>	RENATA F. MACHADO			
Add						
X Remove						
2) Change	<u>P</u>	_	DEBORA ESPINOSA CASATTI	7478 NW 54th Street		
XAdd				Miami, FL 33166		
Remove						
3 ) Change						
Add						
Remove						
4) Change		_ <del></del>				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change		_				
Add						
Remove						

		-			
des for an exch	ange, reclassi	fication, or c	ancellation o	f issued share:	es.
enting the ame indicate N/A)	ndment if not	contained in	the amendm	ent itself:	<del></del>
				<u></u>	····
	<del> </del>				
<del>-</del>		<del>_</del>			
	<del></del> ·	·			
<del></del>					
	enting the ame	enting the amendment if not	enting the amendment if not contained in	enting the amendment if not contained in the amendm	des for an exchange, reclassification, or cancellation of issued share enting the amendment itself: indicate N/A)

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date,	)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	g statement nt(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.	areholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	oolder
Dated3/20/18 Signature	
Signature Longton F. Mulhado	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	not been ther court
RENATA F. MACHADO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	