P130000080412

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Name)	
(Do	ocument Number)	
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Amendaus' a) Plant

COVER LETTER

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR	ATION:	SIGCHA	COPP.	
P 120000 80 417				
DOCUMENT NUMB	EK:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
_	CA	peros Sign		
		Name of Contact Person		
	<i>e.</i>	SIGCHA C	ORP.	
-		Firm/ Company		
	17457	SW 142 PC Address	, 	
-		Address		
	Mignei	FL. 33/73 City/ State and Zip Code	2	
•		City/ State and Zip Code		
	C. S C. D.	CD 72 Q 40	hoo cous	
	F-mail address: (to be us	sed for future annual report i	notification)	
	25 W. W		,	
For further information	concerning this matter, pleas	se call:		
CARU	os SiGCHA	at (786	, 277-4300	
Name o	f Contact Person		le & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
☐ \$35 Filing Fee	☑\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address	Street A		
Amendment Section Division of Corporations		Amendment Section		
P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallaha	ssee, FL 32301	

Articles of Amendment

14 DEC -3 PM 22
14 DEC -3 PM 28 40

Articles of Incorporation P13 0000 804/2 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent LiciaNA J. ALBUJA 17457 SW 142 PL
(Florida street address) MiANI Florida 33177
(City) Florida 73177 New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Torset Clbufa

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 <math>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	Y Mike	: Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PT	LILIANA J. ALBUTA	17457 SW 142PC
X Add			MiANI, FL.
Remove			33177
2) Change	<u> </u>	CARLOS L. SIGCHA	17457 SW 142PC
Add			MAKI, FL.
Remove			33177
3) Change			
Add			
Remove			***************************************
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			***************************************
Remove			

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	<u>ies for an exchange, re</u>	classification, or ca	ncellation of issued sh	ares.
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	*********
Adoption 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)	
(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 NOV , 18 , 2014 1	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
P. T. (Title of person signing)	
(Title of person signing)	_