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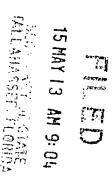
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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
DOCUMENT NUMBER: P14000046171
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Hilogros Compos Name of Contact Person Lending Divert In. Firm Company 9495 SW 12 St. Ste BZ94 Address Address City/ State and Zip Code E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Milogros Campos at (805) 410-857 Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Ar	ticles of Amendment	五点 古
Arti	to icles of Incorporation	الله المنظمة ا المنظمة المنظمة
	of \	
lending	Dirent Tra	ω
(Name of Corporation a	scurrently filed with the Florida D	Pept. of State)
PILA	20046171	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	atutes, this Florida Profit Corporation	n adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	'Inc," or "Co". A professional corp	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		name of the
	tet aun ess.	
Name of New Registered Agent		
<u></u>	(Florida street address)	
New Registered Office Address:		, Florida
Help Hegimeren Office Humess.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obliga	tions of the position.
Signatur	re of New Registered Agent, if changi	ng

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.

wike Jones, v as Removi	e, ana sauy smur	i, Sv as an Aaa,	
Example: X Change	PT John I	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PD	Aquilera Pedro	15720Boll RUNRA
Add Remove			MICHI (CKS) +135014
2) Change	PD	Milagros Campos	9495 5w 72nd st Ste B-298
Add			HOKI FL 33173
Remove			·
3) Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· .
6) Change			
Add			<u> </u>
Remove			

	ng additional Arti ets, if necessary).	(Be specific)	-·			
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an amendment pro	ovides <u>for an excl</u>	hange, reclassific	eation, or cancell	ation of issued	shares.	
provisions for imple	ementing the ame	endment if not co	ntained in the a	mendment itse	<u> 1f:</u>	
(it not applicable	o, manuali 1071,					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 requirements, this date document's effective date on the Department of State's records.	ate 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 amendment(by the shareholders was/were sufficient for approval.	s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5 7 15	
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 cou	ırt
appointed fiduciary by that fiduciary)	
Hilagros Campos	
(Typed or printed name of person signing)	
owner	
(Title of person signing)	