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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: GRAN FORTUNA CORP **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALBERTO SANCHEZ LOZANO Name of Contact Person GRAN FORTUNA CORP Firm/ Company 2140 NW 21 TERRACE # S Address FORT LAUDERDALE FL 33311 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALBERTO SANCHEZ LOZANO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

GRAN FORTUNA CORP		·	الم مدار	Ś	. 4 CM
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)	17.	3	بمباري
P14000057610			N. S.	- الم الم	ก 🦿
	(Document Number o	f Corporation (if known)		<u> </u>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	llowin	g ame	nd ul ent(سي
A. If amending name, enter the new name, N/A	ame of the corporation:	-		The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or '	n," "company," or "incorporated" or 'Co". A professional corporation name 'P.A."	the ai	bbrevi	iation
B. Enter new principal office address,	if annicable.	N/A			
(Principal office address MUST BE A S					
					<u> </u>
C. Enter new mailing address, if applications (Mailing address MAY BE A POST)		N/A			
D. If amending the registered agent an new registered agent and/or the new					_
Name of New Registered Agent ALBERTO SANCHEZ LOZANO					
	2140 NW 21 TERRACE #	≠S		•	
	(Florida str	reet address)		-	
New Registered Office Address:	FORT LAUDERDALE	. Florida 33	311		
in the state of th		(City)	(Zip (Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar	in the position in the positio	ition.		
	Signature of New R	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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Florencia Sanchez de Arevalo	2140 NW 21 Terrace
Add			apt S
X Remove			Fort Lauderdale FL 33311
2) X Change	P	Alberto Sanchez Lozano	2140 NW 21 Terrace
Add			apt S
Remove			Fort Lauderdale FL 33311
3)Change			
Add			
Remove			FLO
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets,	if necessary).	es, enter change(s (Be specific)				
						
						
					2 11	
		•				•
			.			
	 					
	es for an exchar	ige, reclassificatio	on, or cancellat	ion of issued sha	ares,	
n amendment provid	to for an exemu					
<u>ovisions for implemen</u>	nting the amend	ment if not conta	ined in the am	endment itself:		
n amendment provid rovisions for implement (if not applicable, in	nting the amend	ment if not conta	ined in the am	endment itself:		
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<u>ovisions for implemen</u>	nting the amend	ment if not conta	ined in the am	endment itself:		

The date of each amendment(s) adoption:, if ot date this document was signed.	her 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 requirements, this date will not be locument's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
☐ 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	
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)	
Alberto Sanchez Lozano	
(Typed or printed name of person signing)	
President	
(Title of person signing)	