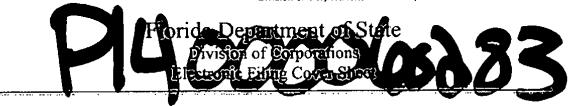
To: +18506176380

8/6/2019

Division of Corporations



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COVER LETTER

TO: Amendment Section Division of Corporations Ashe IFA WA NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Youl NAVARRO RICARDO Firm/ Company 430 SAN JUAN Blvd.

Address

ORlando FL 32807

City/ State and Zip Code Info Colocument Planetinc. COT.

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: You NAVARRO RICARD at 305, 790-5746 Name of Contact Person Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

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 Incorporation

Ashe IFA	- WA" INC
(Name of Corporation	as currently filed with the Florida Dept. of State)
PILLOO	0040283.
	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corn	poration:
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	(ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SE 20 9
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	fice address:
Name of New Registered Agent	9:5
	:: f
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the appointment as registered agent.	tered Agent: am familiar with and accept the obligations of the position.
Signati	ure of New Registered Agent, if changing

H190002347723

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)

Example:

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	PT	John Doe	
X Remove	<u>Y</u>	Mike Iones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Neme Geovani B. Villalon	Address
1) Change Add Remove	<u></u>	OCO VALLI D'ALIMIOLI	Oplando FL 32807
2) Change Add Remove	<u>vP</u>	BORIS NAVARO PILETA	3302 NW975+ Mami PC 33147 -
3) Change Add Remove	MGR	Geovani Bvillalon	430 San Juan Bluel. Celando FL 32807.
4) Change Add Remove	MGR	BORIS NAWARD PIETA	3302 NW 975+ Mjanu FL 33147.
5) Change Add Remove	- 10 ha nne		
6) Change Add Remove			

Please	Adol -	EIN#	. 4-	7-136	098107		
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I an amendment poper to provisions for important (if not applicated)	rovides for an e elementing the a ble, indicate N/A	<u>mendment if n</u>	ssification of contain	t or cancell red in the a	ation of issued mendment itse	sbares. If:	
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as the

The date of each amendment(s) adoption: 8/5/19 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 will not be listed as the document's effective date on the Department of State's records.
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 hoard 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 York N. RIGARDO
(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)
Your NAVARED RICARDO
(Typed or printed name of person signing)
President .
(Title of person signing)