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AUG 2.2 2015

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: ANICO HO	LDINIUS CORP	
	r: <u>P140008</u>	,	
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.	
Please return all corresponder	ondence concerning this ma	tter to the following:	
_	Jaim	Name of Contact Perso	n n
_	1890	Firm/Company Horbor Poin Address	te Cir
, and an a	We	Address The FL City/ State and Zip Cod	33327
		oano 1 6 mc. sed for future annual report	
For further information of	concerning this matter, pleas	se call:	
Jaime An	dres Pround Contact Person	al (<u>786</u> Area Co	tde & Daytime Telephone Number
Enclosed is a check for t	he following amount made		·
2 \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailir</u>	ig Address	<u>Street</u>	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of
ANICO POLDINGS CORP
(Name of Corporation as currently filed with the Florida Dept. of State)
P 14 (000 6 7 2 6 6 (Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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:
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)
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 Jaime Andres Proano
1890 Horbor Pointe Cir, (Floridu street address)
New Registered Office Address: Western , Florida B3327- (City) (Zip Code)
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.
I hereby accept the appointment as registered agent. I and familiar with and accept the obligations of the position.
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 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u> .	<u>Addres</u> s
1) Change	P	Jaime Andres Progro	1890 Hurbor Pointe Cir
Add			Wester, FL 33327
Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change	an		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	cles, enter change(s) l (Be specific)		
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an amendment provides for an exch	ange, reclassification	or cancellation o	f issued shares,
rovisions for implementing the amer	aament n not contain		cht itsch.
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment il not contain		
rovisions for implementing the amer	idment a not contain		
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The date of each amendment(s) adoption:	, i	if other than the
date this document was signed.		
Effective date if applicable:	0.1	
(no more than 90	0 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to v		
"The number of votes cast for the amendment(s) was/were	e sufficient for approval	
by(voting group)	.,,	
(voting group)		
The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder	
DatedS/11/19		
	cer – if directors or officers have not been	
appointed fiduciary by that fiduciary)	e hands of a receiver, trustee, or other court	
	rinted name of person signing)	
	resident	
(Tit	tle of person signing)	