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COVER LETTER

Division of Corporations NAME OF CORPORATION: SANSEVIEDA MUESTALENTS DOCUMENT NUMBER: PN DOOD 86190 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARC SCHILLER
Name of Contact Person Sanseviera Investments
Firm/Company 1221 VISTA DEL MAR DV.
Address Deway Beach, & 33483
City/ State and Zip Code SANSINVESTMENTS LLC C G MAL COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; MARC SCHILLER at (239) 560 - 7811
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Name of Contact Person

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 Amendment

Articles of Incorporation of

(Name of Corporation as curr	rently filed with the Florida Dept. of	State)		
P140000 8619	ላ0			
(Document Numb	per of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adop	ts the following	ng amend	ment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>			
				ew.
name must be distinguishable and contain the word "corpol "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporatio			
word enartered, projessional association, or the apprevial.	ion P.A.	5	20	
B. Enter new principal office address, if applicable:		<u></u>	_5	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				
	*			•
		<u>;;</u>		_
C. Patanasa and danasi faration blocks		,	==	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-	ယ္	. "
<u></u>			ယ်	_
				_
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado		of the		
new registered agent and or the new registered office and	<u>41C33-</u>			
Name of New Registered Agent			_	
(Floric	la street address)		_	
New Registered Office Address:	FI	orida		
	(City)		Code)	_
New Registered Agent's Signature, if changing Registered A	gent:			
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of	the position.		

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name GLORIA	<u>Addres</u> s
1) Change	V Graning Blanco	1221 VISTA DEL MAKE DE
_ X _ Add		DELPLAY BEACH, FI
Remove		33483
2) Change		
Add		
Remove		
3)Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, indicale N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amo	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting grow must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for a	approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required.	older action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated	
Signature where	ái
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a receappointed fiduciary by that fiduciary)	
MAKE SCHILLER	
(Typed or printed name of person	signing)
PTS	
(Title of person signing	ਸ)