P14000099739

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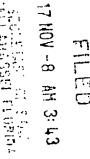


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PEGASO EQUIT	Y UNIT 705 CORP.		
DOCUMENT NUM	IBER: P14000099739			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Alberto Ibarra			
		Name of Contact Person	n	
	Alberto Ibarra PA			
		Firm/ Company		
	3750 NW 87th Ave STE 520	, ,		
	Address			
	Doral FL 33178			
		City/ State and Zip Cod	e	
aib:	rra@ajicpa.com		u'	
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Alberto J Ibarra		at (305	de & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	urtment of State:	
■ \$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)	
An Di P.C	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PEGASO EQUITY UNIT 705 CORP.

P14000099739	orporation as currently	filed with the Florida Dept. of State)		
	(Document Number of	Corporation (if known)		-
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	Clorida Profit Corporation adopts the fo	llowing amendm	ent(s) to
A. If amending name, enter the new name	of the corporation:			
			The net	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp," "Inc," or "C	lo". A professional corporation name	the abbreviatio must contain th	n E
B. Enter new principal office address, if applicable:		3750 NW 87TH AVE STE 520 DORA	AL FL 33178	
(Principal office address <u>MUST BE A STRE</u>	<u>ELIMORESS</u>)			
C. Enter new mailing address, if applicab		3750 NW 87TH AVE STE 520 DOR/	AL FL 33178	
(Mailing address <u>MAY BE A POST OF I</u>	FICE BOX)		7/4 17	
			- 17 X	e.1:3
			\$1.50 \$1.50	<u></u>
D. If amending the registered agent and/or		ess in Florida, enter the name of the		im ©
new registered agent and/or the new registered office address ALBERTO JIBARRA			1 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	U
Name of New Registered Agent	. <u>.</u>	_	- 1 5	
37.	50 NW 87TH AVE STE	520	*1*	
	(Florida stre	et address)		
DC)RAI. 	, Florida	178	
New Registered Office Address:		City)	(Zip Code)	

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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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	D	CONSULTING SERVICES OF S. FI	2121 PONCE DE LEON BLVD
Add			SUITE 1050
X Remove			CORAL GABLES, FL 33134
2) Change	D	EDGARDO OBREGON	5186 NW 106TH AVE
X Add			DORAL FL 33178
Remove			
3) Change			
Add			
Remove			
4) Change			200
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding addition Attach additional sheets, if nec	ressary). (Be specific)		
-		 -		***
	_ 			
			·- ·- ·-	
· · · · · · · · · · · · · · · · · · ·				
an amendment provides for	r an avahanga raalays	ification or cancel	lation of issued show	***
<u>provisions for implementing</u>	the amendment if not	contained in the a	mendment itself:	CS,
(if not applicable, indicate	e N/A)			
<u></u>				
	_			
				<u> </u>
				
				

The date of each amendment(s) ac	toption:	, 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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this capartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment flicient for approval.	:(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	(E) Lucias Contraction of the co	
(By a d	irector, president or other officer – if directors or officers have not been d, by an accorporator – if in the hands of a receiver, trustee, or other content and fiduciary by that fiduciary)	
	EDGARDO OBREGON	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

. . . .