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MAY 3 0 2010 T. LETHIEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: INC.					
DOCUMENT NUMBER: P15000008115					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Ciuseppina Di Serio  Name of Contact Person  Sime pina Dirini  Vim/Company					
Cimo a a la companya de la companya					
June from Killian					
304 Indian Trace Ro. # 287					
Address					
WESTON, FL 33326 City/ State and Zip Code					
City/ State and Zip Code					
Citudiseero Chotmail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CIUSEPPINA DI Sezio at (954) 651.54.05  Name of Contact Person Area Code & Daytime Telephone Number					
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:					
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section  Street Address Amendment Section					

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

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## INVERSIONES EUROSUR INC

(Name of Corporation as curr	ently filed with the Florida Depto 1844(29 P # 86
P15000009	
(Document Numb	er of Corporation (if known) TAELAHASSEE.:FLORIBA
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	4474 WESTON RO. # 353 DAVIE, FL 33331
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	474 WESTON RO. # 353 DAVIE, FL 33331
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famil	

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 Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add		_		
Remove				
Remove				
6) Change		_		
Add				
Remove				

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s 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 votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	'ement
"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 shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated 05/25/18	
Dated 05/25/18 Signature Cleurypine Rihiro	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other of the hands of a receiver, trustee, or other officers.	ten court
appointed fiduciary by that fiduciary)	Louit
Ciuseppina Di Sezio (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
$\overline{}$	
(Title of person signing)	