P150006913

(R	equestor's Name)			
(A	ddress)			
(A	ddress)	· · · · · · · · · · · · · · · · · · ·		
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nam	e)		
(D	ocument Number)			
Certified Copies	Certificates	of Status		
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R. WHILE

COVER LETTER

NAME OF CORPORATION: Inversiones Sulima

DOCUMENT NUMBER: PISOOOO 16913

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert To Pimente

Name of Contact Person

Sulima

Firm/ Company

Address

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy 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 Amendment

Ar	ticles of Incor	poration	15 1	MAK - S BH	4:
Inversiones	of	Soliv	YNO	11.1322.11 11.1322.11	i (A.E.). LONGA
(Name of Corporation as currently filed	with the Flor	ida Dept. of Sta	ite)		
P15000016	0913	5	#11		_
(Document Number of Co	orporation (if k	nown)			
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Fl</i>	orida Profit Corp	<i>poration</i> ad	opts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corp	oration:				
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"Inc," or "Co	". A profession	r "incorpo nal corpora	rated" or the tion name must	The new abbreviation t contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)				_
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)					- - -
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office addressice address:	s in Florida, ent	er the nam	e of the	
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:			_, Florida_		
	(City)		_	(Zip Code)	_
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent: m familiar with	and accept the	obligations	of the position.	
Signature of New I	Registered Age	nt, 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	PT John De	<u>oe</u>	
X Remove	V Mike Jo	ones .	
X Add	SV Sally Si	mith	
Type of Action (Check One)	Title	Name	Address
1) Change	1	Leng Herrandezfl	Varuz 1420 NE 33 AVE
Add		·	unit 103 Homestrad
Remove			FI 33033
2) Change	$\frac{P}{P}$	AlbertoPimentel	1420 NE 33 Ave unit 103
Add			Homestead
Remove			FI 33033
3) Change			
Add Remove			
Kemove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

acii aaaiiionai	i sheets, if necessai	ry). (Be specific)			
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an amendmen	t provides for an	exchange, reclass	fication, or cance	lation of issued s	<u>hares,</u>
<u>rovisions for i</u> (if not appli	mplementing the icable, indicate N/A	amendment if not	contained in the s	imendment itself:	•
(5		•			
					
					

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:	2 25 2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 2 2	5/2015	
Signature	Alfantala	
(By a dire	ector, president of other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)	
арролиос	Alborto Pimente	
	(Typed or printed name of person signing)	_
	tresident	

(Title of person signing)