

850-617-6381



July 7, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUPER INMOBILIARIA PANAMENA SA, CORP 1300 NW 84 AVE MIAMI, FL 33126

SUBJECT: SUPER INMOBILIARIA PANAMENA SA, CORP REF: P15000017219

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II FAX Aud. #: H17000177085 Letter Number: 017A00013753

P.O BOX 6327 - Tallahassee, Flonda 32314

Articles of Amendment

2017 JUL -6 PH 12:45 to Articles of Incorporation SECRETARY OF STATE of TALLAHASSEE, FLORIDA SUPER INMOBILIARIA PANAMENA SA, CORP 0 (Name of Corporation as currently filed with the Florida Dept, of State (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: The new 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 MAY BE A POST OFFICE BOX)

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:

(Florida street address) New Registered Office Address: Florida (City) (Zip Cade)

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent

P15000017219

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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FILED

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:

Autors of each other and of the former being added. (Anach 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 = ChiefExecutive 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

X Change	<u>PT</u>	John Doe						
X Remove	<u>v</u>	<u>Mike Jones</u>						
<u>X</u> Add	<u>\$V</u>	<u>Sally Smith</u>						
Type of Action (Check One)	Title	<u>Name</u>	Address					
1) Change	P	CHARLES D. LECHASNEY	1140 GLENWOOD CT	_				
Add			WESTON, FL 33326	-				
XX Remove								
2) Change		<u> </u>		· . -				
Add				<u>.</u>				
Remove				-				
3) Change				-				
Add								
Remove								
4) Chauge			18-18-19-19-19-19-19-19-19-19-19-19-19-19-19-					
Add			•	-				
Remove		,						
Change				· · · · · · · · · · · · · · · · · ·				
Add								
Remove			The state with the law of the second s					
6) Change	<u> </u>							
Add								
Remove								



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F. If an amendmer	it provides for an exc	hange, reclassific	ation, or cancella	tion of issued shar	<u>es.</u>	
provisions for	implementing the am	endment if not co	ntained in the am	endment itself:		
(if not appl	nt provides for an exe Implementing the am licable, indicate N/A)		1			
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07/05/2017
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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amondment(s) was/were adopted by the shareholders. The number of votes cast for the amondment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
by"
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
07/05/2017 Dated
Signature
(By a director, president or other officer - If sizectors or officers have not been
sylected, by appincorporator – if in the hands of a receiver, trustee, or other court
(ppointed fuluciary by that liduciary)
CHARLES D. LECHASNEY
(Typed or printed plane of person signing)

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