| From Robort Papilation (Barth | | Florida Department of States Division of Corporations Electronic Filing Cover Sheet | B:49 AM Page I of Z |
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| | To: | Division of Corporations Fax Number : (850)617-6380 | SECRETAR |
| | From: | Account Name : FANJVL CPA, INC. Account Number : I20130000039 Phone : (305)603~8791 Fax Number : (877)503-6086 | 3 AN 9: 54 |

| Account Nam | le : | FANJVI. | CPA. INC |
|-------------|------|---------|----------|
| Account Num | | | |
| Phone | : | (305)60 | 3~8791 |
| Fax Number | : | (877)50 | 3-6086 |
| | | | |

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: 50L0_NATY03@hotmail.Com

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Fax: +1 (850) 817-6380 Page 2 of 6 05/13/2015 8:49 AM

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL REY DE LA MEDIALUNA INC

DOCUMENT NUMBER: P15000020927

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

Please return all correspondence concerning this matter to the following:

NATALIA A MORRONE

Name of Contact Person

EL REY DE LA MEDIALUNA

Firm/ Company

1710 NE 191 ST APT 116

Address

NORTH MIAMI BEACH, FL 33179

City/ State and Zip Code

solo_naty03@hotmail.com

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

For further information concerning this matter, please call:

 NATALIA A MORRONE
 at (786)
 260-5056

 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

□\$43.75 Filing Fee & Certificate of Status S43.75 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

| anjul -Fəx: (877) 503-6086 | -To:. | .,Fa×: ₊+1 (850) <u>617-63</u> — | $\frac{100}{150001163}$ | |
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| | As | ticles of Amendment | | |
| | Art | to icles of Incorporation | | |
| | | of | Ň | |
| EL REY DE LA MEDIALUN. | · · · · · · · · · · · · · · · · · · · | | | |
| | (Name of Corporation a | s currently filed with the Flo | orida Dept. of Stute) | |
| P15000020927 | | | | |
| | (Document | Number of Corporation (if know | ovm) | |
| Pursuant to the provisions of se | ction 607.1006, Florida Str | tutes, this Florida Profit Corp | noration adopts the following amendm | ient(s) to |
| its Articles of Incorporation: | | | | |
| A. If amending name, enter t | he new name of the corpo | ration: | | |
| | | | The ner | rr |
| name must be distinguishable "Corv., ". "Inc., " or Co., " or j | and contain the word " he designation "Corp." " | corporation." "company," at Inc." ar "Co". A profession | " "incorporated" or the abbreviation al corporation name must contain the | W Maria |
| word "chartered," "profession | al association." or the abb | reviation "P.A." | | |
| B. Enter new principal office | address, if applicable; | | | 2015 HAY |
| (Principal office address <u>MUS</u> | <u>T BE A STREET ADDRE</u> | (22 | | M |
| | | | | <u>.</u> |
| | | · <u> </u> | | |
| C. Enter new mailing address (Mailing address MAY BE | x, if applicable: | | | AM |
| finineering and and Interview | <u></u> | | | ېب س |
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| D. If amending the registered | | | er the name of the | |
| new registered agent and/ | or the new registered offi NATALIA A M | | | |
| Name of New Register | ed Ageni | | | |
| | 1710 NE 191 S | | مىلىدىنى د وى مالى بىلى بىرى بىر مارك بى م ارك مى مەرك مىك بىر | |
| | NORTHMIAM | (Florida street address) 1 DE 6724 | 33179 | |
| New Registered Office | Address: | (City) | , Florida(Zip Code) | |
| •. | | (0.19) | | |
| | | | | |
| New Registered Agent's Sign | sture, if changing Registe | red Agent: | Alter at an at the months | |
| I hereby accept the appointmen | t as registered ugent. Tan | n Jamiliar with and accept the | oonganons of the position. | |
| | L | A | | |
| | A | ronon | | |
| | Signatur | e of New Registered Agent. if | changing | |
| | | | | |

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Page 1 of 4

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To:

Fax: +1 (850) 617-6380

H150001163883

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:

(Atlach 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:

| 7 Curatifie | <u><u>FI</u></u> | John Loe | |
|-------------------------------|------------------|---------------------|--|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address . |
| I) Change | P | RICHÁRD J RODRIGUEZ | 1710 NE 191 ST |
| Add | | | APT 116 |
| X Remove | | | N MIAMI BEACH, FL 33179 |
| 2) Change | Р | DAVID WASERSZTEIN | 20460 NE 34 CT |
| X Add | | | AVENTURA, FL 33180 |
| Remove | | | |
| 3) Change | <u></u> | | |
| Add | | | ىرى بىرى بىرى بىرى بىرى بىرى بىرى بىرى |
| Remove | | | |
| 4) Change | . <u></u> | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | <u></u> | an. Antion | |
| Add | | | |
| Remove | | | |

| obert Fanjul | Fax: (877) 503-6086 | To: | Fa×: +1 (850) 617-6380 | Page 5 of 6 05/13/2015 8:49 AM H150001163 |
|-----------------|---|---------------------|--|--|
| | | | | 110000165 |
| E. <u>If am</u> | nding or adding additional | Articles, enter cha | uge(s) here: | |
| (Attac) | n additional slicets, if necessa | ary). (Be specific) | | |
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| F. Ifan : | mendment provides for an | exchange, reclussif | ication, or cancellation of issued | shares, |
| PLOA | | smendment if not c | antained in the amendment itsel | |
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| Robert Fanjul | `Fax: (877) 503-6086 | -To: | -Fax: +1 (850) 817-638D | | 05/13/2015 8:49 AM |
|---------------|--|--|---|------------------------------------|---------------------------|
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| | The date of each amendment date this document was signed | f(s) adoption: | المراقب | | , if other than the |
| | Effective date if applicable: | (no mo | re ihan 90 days after amendmeni | file date) | |
| | Note: If the date inserted in document's effective date on the | this block does not meet the Department of State's re- | he applicable statutory filing required | uirements, this date | will not be listed as the |
| | Adoption of Amendment(a) | CHECK ON | E) | | |
| | The amendment(s) was/wei by the shareholders was/we | re adopted by the sharehold ere sufficient for approval. | lets. The number of votes cast to | r the amendment(s) | |
| | The amendment(s) was/wei must be separately provide | re approved by the starelic ed for each voting group en | ders through voting groups. The tilled to vote separately on the as | following statemen nendment(s): | r |
| | "The number of votes | | was/were sufficient for approval | | |
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| | The amendment(s) was/wer action was not required. | re adopted by the board of o | lirectors without shareholder activ | on and shareholder | |
| · . · . · | | re adopted by the incorpora | tors without shareholder action ar | nd shareholder | |
| | 05/11/ | /2015 | | | |
| | Dated | <u>h.</u> | A | | |
| | Signature(B | | ther officer for directors or office | rs have not been | |
| · . | se | elected, by an incorporator- ppointed fiduciary by that f | - if in the hards of a receiver, true | stee, or other court | |
| • | | NATALIA A MORR | · | | |
| | | VICE PRESIDENT | printed name of person signing) | | |
| | | | (Title of person signing) | | |
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