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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SILKA CORP		
DOCUMENT NUM	BER: P15000022067		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Humberto Rubio		
		Name of Contact Persor	1
	Law Firm of Rubio & Associ	iates	
		Firm/ Company	
	8950 SW 74 Ct. # 1804	, ,	
		Address	
	Miami, FL 33156		
		City/ State and Zip Code	2
hrubi	o@rubiolegat.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		220-2061
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number
	or the following amount made		
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

SILKA CORP				
(Name of Corporation as curren	tly filed with the Florida Dept. of S	tate)		
P15000022067				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts	the following amendment(s) to		
A. If amending name, enter the new name of the corporation:				
		The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation i	" or the abbreviation		
B. Enter new principal office address, if applicable:	10773 NW 58 Street			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Doral, FL 33178			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10773 NW 58 Street	22 08		
	Doral, FL 33178	97 T		
		5 5 M		
D. If amending the registered agent and/or registered office adonew registered agent and/or the new registered office address.	dress in Florida, enter the name of	FLORITI		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	DA IA		
(Florida s	treet address)			
New Registered Office Address:	, Flor			
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Ager	n <u>t:</u>			
Thereby accept the appointment as registered agent. I am familian	with and accept the obligations of the	ne position.		
Nignature 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 Doc 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.

X Change	PT	John Doe	
X Remove	<u>Y</u>	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	PD	HECTOR L. AMEZQUITA	
Add			
X Remove			
2) Change	PD	CARLOS DULCEY	
X Add			
Remove		0.0000.000.74	
3) Change	<u> </u>	SANDRA C DAZA	
Add _X Remove			
Remove			
4) Change	<u>s</u>	CLAUDIA FORERO	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change (Be specific)			
			· ·	
		<u> </u>		
		-		
			<u>. </u>	
 		<u>-</u>		
				<u>-</u>
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificated and ment if not cont	ion, or cancellatio tained in the amen	n of issued share: dment itself:	7
		·		
		<u> </u>		
		-		<u>.</u>

The date of each amendment(s) adoption: _ date this document was signed.	10/1/18	, if other than the
Effective date <u>if applicable</u> :	no more than 90 days after amendment file de	ne)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirem of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient to	ne shareholders. The number of votes east for the cor approval.	imendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amenda	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	voting group)	
	ne board of directors without shareholder action an	d shareholder
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and sha	archolder
Dated October	1,2018	
selected, by an ir	esident or other officer if directors or officers hancorporator it in the hands of a receiver, trustee, cary by that fiduciary)	ve not been or other court
	Hechor L. Amrzguit (Typed or printed name of person signing)	Τ
	Piesidont	
	(Title of person signing)	