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AKTICLES OF AMENDMENT

CT

ARTICLES OF INCORPORATION

CARREDA DELIVERRY, ILSC.

Pursuant to the provisions of section 607.1006. Florida Statutes, this carporation adopts of the following articles of amendment to its unitles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE 1. Lame.

DELETE: CARRENA DELIVERY, INC. ADD: CARRENA PROPUES, INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued sharés, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: or 16/16

FOUR'TH: Adoption of Amendment(s) (check one)

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

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 approved by the shareholders. The number of votes cast for the amendment(s) 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 ...

(voting group)

Signed this 16 day of Man, 2014.	Siene
N Total	
By < 1	
(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)	
(A director or incorporator if adopted by the directors or incorporators)	
ANNEL GAREAL	
(Typed or printed name)	
Anni dan P	

(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREDY ACCEPT THE APPOINTMENT AS REGISTERED! AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS REGISTERED AGENT.

Signature_		1/4.		_,	·
DATE	· ·		·		