10/13/2016

Elorida Department of State Ovision of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.

Account Number : I20110000041 Phone : (305)887-8730 Fax Number : (305)887-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Addraget | | | |
|--------------|--|--|--|
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COR AMND/RESTATE/CORRECT OR O/D RESIGN CUBA EN ZONA CO

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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Electronic Filing Menu

Corporate Filing Menu

Aclp Aclp

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | :CUBA EN ZO | DNA CO | |
|--|---|--|--|
| DOCUMENT NUMBER: | P15000052698 | 5 | · |
| The enclosed Articles of Amen | dment and fee are su | bmitted for filing. | |
| Please return all correspondence | e concerning this mat | tter to the following: | |
| • | | YORDANY FALCON | |
| | ···· | Name of Contact Person | |
| | | Firm/ Company | |
| • | | 1028 W 68TH ST | • |
| · | | Address | |
| | | HIALEAH, FL 3301 | 2 |
| | | City/ State and Zip Code | |
| E-m For further information concern | | • | notification) |
| YORDANY FALCON | | at (|) 523-9293 |
| Name of Contac | t Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the follo | owing amount made ; | payable to the Florida Depa | rtment of State: |
| ፟ \$35 Filing Fee ☐\$- C | 13.75 Filing Fee & ertificate 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 | | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

CUBA EN ZONA CO

| (Name of Corporation | as currently filed with the Fl | orida Dept. of State) | |
|---|---------------------------------|--|--------------------------|
| · | P15000052695 | | |
| (Document | t Number of Corporation (if ke | ıown) | |
| Pursuant to the provisions of section 607,1006, Florida St its Articles of Incorporation: | stutes, this Florida Profit Con | poration adopts the following | owing amendment(s) |
| A. If amending name, enter the new name of the corp | oration: | | |
| | | | The new |
| name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered." "professional association," or the abl | "Inc," or "Co". A profession | r "incorporated" or to nal corporation name n | nust contain the |
| • • | | | Acceptance of the second |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u> | <u></u> | | 22 8 |
| · | | | |
| | | | <u> </u> |
| C. Enter new mailing address, if applicable: | | | 四年 王 |
| (Mailing address <u>MAY BE A POST OFFICE BOX)</u> | ` | | <u>s</u> 9 |
| | | | 二二 の |
| | · | | |
| D. If amending the registered agent and/or registered | office address in Florida, en | ter the name of the | |
| new registered agent and/or the new registered off | ice address: | | |
| Name of New Registered Agent | | | |
| | (Florida street address) | | |
| | (Proridu sireel adaress) | | |
| New Registered Office Address: | (City) | , Florida | (Zip Code) |
| | (+1)) | | (Zip Code) |
| | | | |
| New Registered Agent's Signature, if changing Registe | ered Agent: | | |
| I hereby accept the appointment as registered agent. I at | m familiar with and accept the | obligations of the posit | lon. |
| | | | |
| | • | | |
| Signatu | re of New Registered Agent, if | changing | |

Page 1 of 4

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: XChange | PT | John Doe | |
|-------------------------------|-----------|-------------|--|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| i)Change | | _ · | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | · |
| | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| A dd | | | <u>, </u> |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | , | |

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| . If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | | |
|---|--|--|--|
| ART | ARTICLE IV: THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE: | | |
| THE | Y MUST BE 100 SHARES AT \$1.00 PAR VALUE | | |
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| If a | n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A) | | |
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Page 3 of 4

| The date of each swendment date this document was signed. | |
|--|--|
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| | this block does not meet the applicable statutory filing requirements, this date will not be listed as the ne Department of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☑ The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. |
| | e approved by the shareholders through voting groups. The following statement ad 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 | , n |
| | (voting group) |
| action was not required. | e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder |
| Dated | 10/13/2016 |
| Signature | and the second s |
| se se | y a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | YORDANY FALCON |
| Callandon Notación de la companya | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |
| . 33 | en e |

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