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PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	





800372678558



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ΓΙΟΝ:	ENTREPRENEUR ALE C	ORP.		
DOCUMENT NUMBER:					
	Amendment and fee are sul	bmitted for filing.			
Please return all correspor	idence concerning this ma	tter to the following:			
		DOG 1 11 11 10 11			
	ROSA E. LEON				
		Name of Contact Person	n		
_		Firm/ Company			
	161	32 NW 14TH COURT			
	Address				
	PEMBROKE PINES, FL 33028				
		City/ State and Zip Cod	૯		
	ALFR	EDOLEON77@GMAIL.	COM		
	E-mail address: (to be us	ed for future annual report	notification)		
For further information co	ncerning this matter, pleas	a call:			
To turnet mormanon co	meeting this matter, preas	c can.			
ROSA E	. LEON	at (_) 436-0936		
Name of C	ontact Person		de & Daytime Telephone Number		
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	artment 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			Address ment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ENTREPRENEUR ALE CORP. .

19. :

(Name of Corporation	on as currently filed with the Florida Dept. of State)
	P1500005807
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word viation "P.A,"
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u> ;
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
Siona	ture of New Registered Agent if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</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	VP	ANDREA ISABEL SEGNINI	1258 SABAL TRAIL
Add			WESTON, FL 33327
Remove 2) Change	VP	RODRIGO VILLEGAS OSPINA	17808 ROLLING OAKS
X Add			ESTATES DR.
Remove 3) Change			SOUTHWEST RANCHES, FL 33331-2989
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
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	, <u> </u>
If an amendment provides for an excha-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9,	
····	
18.00	

•

AUGUST 31, 2021	
The date of each amendment(s) adoption:	, if other than the
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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	ler action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following 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 THE BOARD OF DIRECOTORS	
(voting group)	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
LEONARDO D. DIAZ LOZADA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	