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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LA CORONA PIJ	IJE SOLUTIONS INC	
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		ELIESER A DURAN	
-		Name of Contact Persor	1
	DUI	RAN GROUP & ASSOCIA	TES, P.A.
_		Firm/ Company	
		250 N. FEDERAL HWY	•
_		Address	
	HALLANDALE BEACH, FL 33009		
_		City/ State and Zip Code	2
		durangroupa@gmail.cor	n
 -	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas	se call: at (277-9634
Name of Contact Person		at (Area Co) de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 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)
Amen Divisi P.O. I	dment Section on of Corporations Box 6327 passee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

FILLED SEGRETARY OF STALL DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

15 SEP 24 PM 1:55

LA CORONA PULIE SOLUTIONS INC.

	LA CORONA PIJIJ	E SOLUTIONS INC
(Name o	of Corporation as currently	y filed with the Florida Dept. of State)
	P150000	60826
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
<u> </u>		The new
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		909 SW 147 AVE.
		PEMBROKE PINES, FL 33027
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		909 SW 147 AVE.
		PEMBROKE PINES, FL 33027
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new	w registered office address	
Name of New Registered Agent DURAN GROUP & ASSOCIATES, P.A.		OCIATES, P.A.
	250 N FEDERAL HWY	
New Registered Office Address:	(Florida stre	eet address)
	HALLANDALE BEACH	. Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c		vith and accept the atilizations of the position.
т негену ассерь те арролитень из regist	erea ageni. Tum jumiliar w	oun and accept the infigutions of the position.
	///-	
	Signature of New R	egistered 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)

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	S	ANA LUCRECIA SANCHEZ	909 SW 147 AVE
X Add			PEMBROKE PINES, FL 33027
Remove			
2) Change	T	ANA CATALINA SANCHEZ	909 SW 147 AVE
X Add			PEMBROKE PINES, FL 33027
Remove			
3) Change	V	EDUARDO SANCHEZ LEON	909 SW 147 AVE
X Add			PEMBROKE PINES, FL 33027
Remove			
4) Characa			
4) Change		_	
Add Remove			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			



If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
	180 · 6 · 6 · 9 · 9 · 9	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(у пот аррисате, такше тля)		

09/21/2015 The date of each amendment(s) adoption: date this document was signed. 15 SEP 24 PM 1:55 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, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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 (voting group) ☐ 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 adopted by the incorporators without shareholder action and shareholder action was not required. Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) EDUARDO SOUCHTR OTHERS.

(Typed or printed name of person signing)