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## COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Farivena , INC		
DOCUMENT NUME	P15000077058		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Luis Diaz		
		Name of Contact Persor	1
	Farivena, INc	·	
		Firm/ Company	
	8641 Wichita Place		
		Address	<del></del>
	Orlando, FL 32827		
		City/ State and Zip Code	2
lfd 10	@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
Ear fauthar attaments	n concerning this matter, pleas	با وم	
ror turner mornano.	if concerning this franci, pleas	se can.	
Luis Diaz		at (	309-1510
Name of Contact Person		at ()	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32344		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Farivena, INC				
(Name o	of Corporation as currentl	v filed with the Florida D	ept. of State)	
P1500077058	•			
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Floridu Profit Corporation	adopts the following ar	nendment(s) t
A. If amending name, enter the new na	ime of the corporation:			
			TI	ie new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	Co". A professional corp	prporated" or the abbr	eviation
B. Enter new principal office address,	if applicable:	8641 Wichita Place, 0	Orlando, FL 32827	
(Principal office address MUST BE A S				
C. Enter new mailing address, if appliance (Mailing address MAYBE A POST)  D. If amending the registered agent an new registered agent and/or the new register	OFFICE BOX) ad/or registered office add		ALLAHASSEE, FLORIDA	18 JUL -5 AM 8: 09
<del></del>	Luis Diaz			
Name of New Registered Agent	8641 Wichita Place, Orl	ando El 32827	<del></del>	
		reet address)		
	Orlando	, , , , ,	32827	
<u>New Registered Office Address</u> ;	-	(City)	, Florida(Zip Cod	e)
New Registered Agent's Signature, if c I hereby accept the appointment as regis:	hanging Registered Agent tored agent. I am familiar	t: with and accept the obligat	ions of the position.	
	Signature of New 1	Registered Agent, if changing	ng	

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: X Change	PT.	John Dae	
X Remove	<u>v</u>	Mike Jones	
_X Add	sv	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Benito Rodriguez	1422 Canal Point Road
, Add			Longwood, FL 32750
2) Change	Trea	Maria Rodriguez	1422 Canal Point Road
Add			Longwood,FL32750
X Remove 3) Change	Trea	Laila M. Henriquez	8641 Wichita Place
X Add			Orlando, FL 32827
Remove			
4) Change Add			
Remove			
5) Change			
Add			
<ul><li>δ) Change</li></ul>			
Add			
Dumora			

famending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)	
<del></del>		
		_
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	Memory of the angularity is a	
		_

The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	June 12, 2018	
Enecure unce <u>mappineurse</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendere sufficient for approval.	lment(s)
	ere approved by the shareholders through voting groups. The following steed for each voting group entitled to vote separately on the amendment(s	
	es cast for the amendment(s) was/were sufficient for approval	·
by	(voting group)	•
	(voting group)	
The amendment(s) was/we action was not required.	are adopted by the board of directors without shareholder action and sha	rcholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	lder
Dated	Toly 3, 3018	
Signature _		
- 0	By a director, president or other office - 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)	er court
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	<del></del> -
	President	
	(Title of person signing)	