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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

JUL 1 6 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATE		CLARA, INC.			
DOCUMENT NUMBER:	P150000844	107			
The enclosed Articles of An	nendment and fee are su	bmitted for filing	g.		
Please return all correspond	ence concerning this ma	tter to the follow	ing:		
		Gabriele Bra	ha		
	Name of Contact Person				
		ERNO&CL	ARA, INC		
		Firm/ Co	mpany		
	435 21ST STREET CU4				
	Address				
		Miami Beach			
		City/ State an	id Zip Cod	;	
		info@redgroup	p.estate		
	E-mail address: (to be us	sed for future and	nual report	notification)	
Car Carlo a Lagaritation					
For further information con-	cerning this matter, pleas	se call:			
Gabriele	e Braha	at (786	536.2106	
Name of Cor	ntact Person			de & Daytime Telephone Number	
Enclosed is a check for the	following amount made [payable to the FI	orida Depa	urtment of State:	
S \$35 Filing Fee [□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filir Certified Co (Additional enclosed)	ъру.	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Division o P.O. Box	nt Section of Corporations		Amend Division Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, F1, 32301	

Articles of Amendment to Articles of Incorporation of

ERNO&CLARA, INC.

	ENNOCEANA, II	1 C.		
(<u>Name of</u>	Corporation as currently	filed with the Florida Dept. of	State)	
	P15000084407			
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1) its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation adopts	s the following a	mendment(s) t
A. If amending name, enter the new nam	ne of the corporation:			
				,
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	o". A professional corporation	d" or the abbr	
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if application (Mailing address MAY BE A POST O			SECRETARY OF	18 Jul 3
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of	FLORII	D PH 1: 23
Name of New Registered Agent	GB SEVEN INVESTM	ENTS LLC		23
-	(Florida stree	t address)	 -	
New Registered Office Address:		. Flo	orida	
	(((ity)	(Zip Cod	le)
New Registered Agent's Signature, if chall thereby accept the appointment as register	red agem. 1 am familiar wi Lelville	broken	the position.	
	Signature of New Reg	gistered 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)

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P 	Gabriele Braha	po box 191862 MIAMI BEACH, FL 33119
Add			
X Remove			
2) Change	P	GB SEVEN INVESTMENTS LLC	po box 191862 MIAMI BEACH, FL 33119
X Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	.
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 07/09/2018	
Signature Palish broken	
(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 cou appointed tiduciary by that fiduciary)	
Gabriele Braha	
(Typed or printed name of person signing)	
Representative - P	
(Title of person signing)	