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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: LA MICHOACAN	A FL INTERNATIONAL	INC
DOCUMENT NUMBER:			
The enclosed Articles of An	nendment and fee are sub	omitted for filing.	
Please return all correspond	lence concerning this mat	ter to the following:	
ELSI	I TORREALBA		
	•	Name of Contact Person	1
NEL	PI SERVICES, INC		
		Firm/ Company .	
2393	S CONGRESS AVE ST	E 223	
		Address	
WES	ST PALM BEACH, FL 33	3406	
		City/ State and Zip Code	
ELSI@NE	LPISERVICES.NET		
	E-mail address: (to be us	ed for future annual report	notification)
For further information con-	cerning this matter, pleas		632-3042
		at () 632-3042 de & Daytime Telephone Number
Name of Co.	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
Division of P.O. Box	ent Section of Corporations	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

LA MICHOACANA FL INTERNATIONAL INC

LA MICHOACANA FL INTERNATIONAL INC			
(Name of Corporation as curre	ently filed with the Florida Dep	ot. of State)	
P15000089164			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation a	dopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:	,		
ORG CHORITA, INC			The new
name must be distinguishable and contain the word "corpora" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corpor	orated" or the abl	breviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
			· •
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Manual data as Manual data as a salar as a			
	-		
			
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the na	me of the	
new registered agent and/or the new registered office addi	ess:		
Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili Signature of Ne	ent: ar with and accept the obligation w Registered Agent, if changing	ns of the position 13	A COLUMN
	_	∑n- 00	

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nnes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add			11	
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				·
Remove				

	ng additional Articeets, if necessary).	(Be specific)				
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an amendment ne	ovides for an exch	ange, reclassif	fication, or canc	ellation of issued	shares,	
en anichanient bu	ementing the amer	idment if not o	contained in the	amendment itse	<u>II:</u>	
provisions for imple	e indicate N/A)					
orovisions for imple (if not applicable	le, indicate N/A)					
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10/20/2016	
· · · · · · · · · · · · · · · · · · ·	if other than the
ate this document was signed.	
10/20/2016	
ffective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ocument's effective date on the Department of State's records.	be listed as th
doption 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	
by" (voting group)	
(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.	
10/28/2016	
Dated	
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)	
-γγ, -,,	
OMAR BARREDA	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	