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FAX No.

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Florida Department of State
Division of Corporations
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((H18000219835 3)))



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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CORAZON DE ELEGUA BOTANICA, INC**

Certificate of Status	0
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FAX No.

P. 002

850-617-6381

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August 1, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORAZON DE ELEGUA BOTANICA, INC
8432 SW 40 STREET
MIAMI, FL 33155

SUBJECT: CORAZON DE ELEGUA BOTANICA, INC
REF: P15000098005

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

An officer/director must sign in the designated section authorizing the adoption of amendment. Also, the date the document was signed must also be included.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rabekah White
Regulatory Specialist II

FAX Aud. #: H18000219835
Letter Number: 418A00015792

RECEIVED
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Articles of Amendment
to
Articles of Incorporation
of

FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

CORAZON DE ELEGUA BOTANICA, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000098005

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

IFA LADE, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**Name of New Registered Agent

DULIANNY RODRIGUEZ

8432 SW 40 STREET

(Florida street address)

New Registered Office Address:

MIAMI

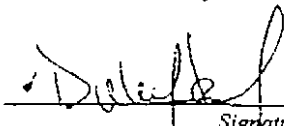
(City)

Florida 33155

(Zip Code)

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered 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.

Example:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PD</u>	<u>JOSE Y. BENITEZ</u>	<u>8432 SW 40 STREET</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33155</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PD</u>	<u>DULIANNY RODRIGUEZ</u>	<u>8432 SW 40 STREET</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33155</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VD</u>	<u>MARIBEL R. HUET</u>	<u>8432 SW 40 STREET</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33155</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VD</u>	<u>ISKANDER PLAZ</u>	<u>8432 SW 40 STREE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33155</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: 07/30/2018 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 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
by _____"
(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.

Dated 07/30/2018

Signature

Jose Benitez

(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)

JOSE Y. BENITEZ

(Typed or printed name of person signing)

PD

(Title of person signing)