P1600001345

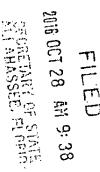
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SIETE ESTRELLA	AS, INC.		
DOCUMENT NUMBI	ER: P16000001345			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
1	MARIANELA SANCHEZ			
_		Name of Contact Perso	on	
S	HETE ESTRELLAS, INC.			
_		Firm/ Company		
- 1	Firm/ Company 10011 W HILLSBOROUGH AVE			
		Address		
Т	'AMPA, FL 33615			
_		City/ State and Zip Coo	le	
City/ State and Zip Code				
lamansiondelaarepa.tampa@gmail.com				
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information	concerning this matter, pleas	se call:		
MARIANELA SANCH	IEZ	at (512-6797	
Name of Contact Person			ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi Cliftor 2661 I	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

SIETE ESTRELLAS INC

(Name o	of Corporation as curren	ntly filed with the Fl	orida Dept. of State)	
P16000001345	Corporation as carro		·	
	(Document Number	of Corporation (if kr	own)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Cor</i>	poration adopts the following amo	endment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			The	new
name must be distinguishable and cons "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	r "Co". A profession	r "incorporated" or the abbrev nal corporation name must conta	viation in the
B. Enter new principal office address,	if annlicable:	N/A		,
(Principal office address MUST BE A S				五州
				200
•			<u> </u>	- O
C. Enter new mailing address, if appli		N/A	بن <u>ني</u> س <u>ني</u> س	نخ
. (Mailing address MAY BE A POST)	OFFICE BOX			<u> </u>
				<u></u>
• .				
D. If amending the registered agent an	d/or registered office ac	ldress in Florida, en	ter the name of the	
new registered agent and/or the nev				
Name of New Registered Agent	MARIANELA SANCI	HEZ		
	10011 W HILLSBORO	UGH AVE		
	(Florida	street address)		
New Registered Office Address:	TAMPA		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Age	ent:		
I hereby accept the appointment as regist			obligations of the position.	
<	-J(-)			
	Signature of Nev	w Registered Agent, if	changing	
	J			

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_P	ELKER VASQUEZ	5436 BAY WATER DR
Add X Remove			TAMPA, FL. 33615
2) X Change	P 	MARIANELA SANCHEZ	10011 W HILLSBOROUGH AVE
Add			TAMPA, FL. 33615
Remove 3) Change	VP-S	HERNAN A. BOLIVAR	10011 W HILLSBOROUGH AVE
·Add			TAMPA, FL. 33615
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
•	
•	
-	
E. If an amandment nuceidae fou an aval	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

•	10/24/2016	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statuto partment of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of ficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting each voting group entitled to vote separa	groups. The following statement tely on the amendment(s):
	or the amendment(s) was/were sufficient	
by	(voting group)	
	(voting group)	
•	oted by the board of directors without sha	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareho	lder action and shareholder
Dated		
(By a di selected	rector, president or other officer – if direct, by an incorporator – if in the hands of a d fiduciary by that fiduciary)	
	MARIANELA SANCHEZ	
•	(Typed or printed name of pers	son signing)
	President	
	(Title of person sig	ming)