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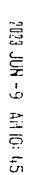
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: ANABELA COR	PORATION		
DOCUMENT N	UMBER: P16000014549	-		
The enclosed Art	icles of Amendment and fee are s	ubmitted for filing.		
Please return all	correspondence concerning this m	atter to the following:		
	Camilo A. Espinosa, Esq.			
	LOIGICA PA	Name of Contact Persor	1	
		Firm/ Company		
	40 SW 13th St Suite 102			
	Address Miami, Florida 33130			
		City/ State and Zip Code	2	
camilo.espinosa@loigica.com				
	E-mail address: (to be u	used for future annual report	notification)	
For further infor	nation concerning this matter, plea	ase call:		SECRETALLAND
Camilo A. Espin	osa, Esq.	at (305	7261537	CONT.
Name of Contact Person		\	de & Daytime Telephone Numbe	-9
Enclosed is a che	eck for the following amount made	e payable to the Florida Dep	artment of State:	
■ \$35 Filing F	ee S43.75 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)	ANIO 45 CY STATE
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

ANABELA CORPORATION

(Name of Cornoration a	as currently filed with the Florid	da Dent. of State)	
P16000014549		,	
(Document	Number of Corporation (if know	m)	.
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corpor	ation adopts the follow	ing amendment(s) t
A. If amending name, enter the new name of the corpo	oration:		TI.
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	"Co". A professional corpor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered		the name of the	SECKELLAL
new registered agent and/or the new registered office	ce address:		
Name of New Registered Agent			ALID 45
	(Florida street address)		一百五 5
New Registered Office Address:	(City)	, Florida	p Code)
	icay)	(4-1)	Car
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		ligations of the position	ı.
Signature	e of New Registered Agent, if cha	nging	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.	0120 (11) (e), F.S.		

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)	<u>Title</u>	Name	Address
1)Change	P	DE LA ESPRIELLA, ABELARDO	2355 SALZEDO STREET,
Add			MIRACLE PLAZA, 201-202
X Remove			CORAL GABLES, FL 33134
2) X Change	P	PINEDA, ANA LUCIA	355 SALZEDO STREET,
Add			MIRACLE PLAZA, 201-202
X Remove			CORAL GABLES, FL 33134
3)Change	VP	PINEDA, ANA LUCIA	355 SALZEDO STREET,
Add			MIRACLE PLAZA, 201-202
X Remove			CORAL GABLES, FL 33134
4) Change			
Add			3.1.S
Remove			71. 7
5) Change		_	主
Add			S C C
Remove			T. O.
6) Change			
Add			
Remove			<u> </u>

2023 JUN -9 AM 10: 4th

amending or adding additional Articular in the additional sheets, if necessary).	(Be specific)		
·····			
<u></u>			
			
			
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,		
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	(<u>p</u>	2023 JUN
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		17.00	-9 AM 10: 46
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		ANS SEE FL	٥٠
			o,

	May 24, 2023	e a a a
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file d	ate)
	(no more than 20 maps upon american pro-	
Note: If the date inserted in this be document's effective date on the De	clock does not meet the applicable statutory filing requirent partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The following group entitled to vote separately on the amend	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
May 24, 20 Dated	223	
Signature	Ana Lucia Pineda.	
(By a d selecte	irector, president or other officer – if directors or officers he d, by an incorporator – if in the hands of a receiver, trustee, ted fiduciary by that fiduciary)	
	PINEDA, ANA LUCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	S 25
	(Title of person signing)	23 JUN -9 ECRETA V TALLAHA
		JUN -9 AMID: 46 DREIWAY OF STATE ALLAHASSEE, FL
		' H &