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R. WHITE MAY 25 2018 ---

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HABLA HABLA	CORP				
DOCUMENT NUMI	D17000015010		······································			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ROQUE N MUNOZ					
	Name of Contact Person					
	HABLA HABLA CORP					
	Firm/ Company					
	68 SE 6 ST APT 1401					
	Address					
	MIAMI, FL 33131					
	***	City/ State and Zip Code				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
ROQUE N MUNOZ		at (805	252-5991			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahasson FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building yeartive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

18 MAY 24 AH 10: 17

HABLA HABLA CORP

SE STATE STATE

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P16000015040	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>1:</u>
	The new
name must be distinguishable and contain the word "corpo," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX
	960416
	MIAMI, FL 33296
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office add	iress:
Name of New Registered Agent	·
(Florid	la street address)
New Registered Office Address:	(City) , Florida
	(Cny) (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.
Signature of N	ew 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: X Change	<u>PT</u>	John Doe	
X Remove X Add	<u>v</u> <u>sv</u>	Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective dute if applicables	
(no more than 90 days after amendment file date,	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date 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 ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendment	
"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 slaction was not required.	nareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehaction was not required.	oolder
Dated_ ~ 5/17/18	
Signature 4 A	
(By a director, president or other officer – if directors or officers have a selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	
ROQUE N MUNOZ	
(Typed or printed name of person signing)	
P	
(Title of person signing)	

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