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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME Q F COI	RPORATION: HORIZONTES C	GRUPO INC	
	TUMBER: P16000025408		
[]	ticles of Amendment and fee are s	ubmitted for filing.	
Please r e turn all (correspondence concerning this m	atter to the following:	
	GABRIELA MARTINEZ		
	HORIZONTES GRUPO IN	Name of Contact Person	n
	TORIZON I.S GROTO IIV	Firm/ Company	
	3906 W 12AV		
!! :		Address	
	HIALEAH, FL 33012		
j		City/ State and Zip Cod	e
	INFO@HORIZONTESGRUPO.C		
	E-mail address: (to be t	used for future annual report	notification)
or further inform	nation concerning this matter, plea	ase call:	
GABRIELA MA	ARTINEZ	at (900-2821
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclos e d is a che	eck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	ee ☐\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, F1, 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 JUL 10 PM 1: 37

HORIZONTES GRUPO INC	SECRETARY-RE-STATE-
(Name of Corporation as curren	SECRETARY-OF-STATE tly filed with the Florida Dept rate MASSEE , FLORIDA
P16000025408	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NO CHANGES	The new
nome must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
P. Fut a new animinal office address if annihilable	NO CHANGES
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: (Malling address MAY BE A POST OFFICE BOX)	NO CHANGES
D. If amending the registered agent and/or registered office add	drass in Florida, antar the name of the
new registered agent and/or the new registered office addres	
NO CHANGES	
Name of New Registered Agent	
	treet address)
<u>New Registered Office Address:</u> NO CHANGES	, Florida
	(City) (Zip Coder
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position
	The data decept the thingularity by 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.

E vam pl X_Char	<u>u</u> :	<u>PT</u>	John Doe		
X Rem	<u>{</u>	<u>V</u>	Mike Jones		
_ <u>X_</u> Add		<u>sv</u>	Sally Smith		
Type of (Check (Action	Title		Name	<u>Addres</u> s
,	Change	VP	_	HENRY LORENZO CUBA	3906 W 12AV
X	Add		_		HIALEAH, FL 33012
	Remove				
2)	Change		-		
	Add				
- -	Remove				
3)	Change		•		
	Add				
	Remove				
4)	Change				
<u> </u>	_ Add				
- 1	_Remove				
5)	Change		_		
	_ Add				
	Remove				
6)	Change		_		
	_Add				
- il	_Remove				

E. <u>If an</u>	 ngnding or adding additional Articles, enter change(s) here:
	ch additional sheets, if necessary). (Be specific)
NO CH.	ÄNGES
	<u> </u>
	1 1
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<u>_</u>	
{	
	
r. <u>Ban</u> pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
NO CH	ANGES
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The date	of each amendment(s) adoption:
date this	document was signed.
Effective	date if applicable:
	date <u>if applicable</u> : (no more than 90 days after amendment file date)
 Note: If document 	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
Adoption	of Amendment(s) (CHECK ONE)
	mendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) shareholders was/were sufficient for approval.
The a	mendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):
	"The number of votes east for the amendment(s) was/were sufficient for approval
	by
	(voting group)
	mendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.
	mendment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.
	JULY 2, 2018
	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)
	GABRIELA MARTINEZ
	(Typed or printed name of person signing)
ų.	PRESIDENT
·J	(Title of parent cianing)