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C LEWIS

Division of Corporations				
NAME OF CORPORATION: Fabide Ivery Inc DOCUMENT NUMBER: P160004552				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Johan Orlando Fundora Caraballo Name of Contact Person				
Firm/ Company				
55 NW 75t apt w306				
Miari FL 33/26 City/ State and Zip Code				
Johan Lundora a amail. com E-mail alidress: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Johan. O. Fundara Caraballo at (305) 680 9627 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
X \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

FABIDELIVERY, INC	. 2016 JUN 28 PM 2: 21
(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000045552	2
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" chartered," "professional association," or the abbreviation "P	O". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent Tohan Orland	
N A (Florida stree	t address), Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Reg	th and accept the obligations of the position. Sistered 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 hecessary)

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: XChange	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>vP</u>	Fundora Johan	5505 NW
Add Remove			751 APT W306 Hiani FL 33126
2) Change	P	Johan Orlando Fundora Caraballo	5505 NW 75t apt w306
Remove 3) Change		N/A	Miani FL 33126
Add Remove 4) Change		NA	
Add			
5) Change Add		N/A	
Remove		N/A	
6) Change Add	************	14 [, \	
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	es, enter change(s) here: (Be specific)
(remon additional sheets, y necessary).	NIA
	NIA
- · · · · · · · · · · · · · · · · · · ·	
	
F. If an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself: NA
,	

The date of each amendment(s) adoption:	N/A	. i f	other than the
date this document was signed.	(lad lands	SECRETARY DIVISION OF CO	LU OF STATE RPORATION
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	.2016 JUN 28	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, of State's records.	this date will not b	e listed as the
Adoption of Amendment(s) (C	CHECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amen r approval.	dment(s)	
	the shareholders through voting groups. The following ng group entitled to vote separately on the amendment		
"The number of votes cast for the am	endment(s) was/were sufficient for approval		
by	71		
(v	oting group)		
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors without shareholder action and sha	areholder	
The amendment(s) was/were adopted by th action was not required.	ne incorporators without shareholder action and shareho	older	
DatedSignature	24/12016		
(By a director, pro selected, by an in	esident or other officer — if directors or officers have no corporator — if in the hands of a receiver, trustee, or other by that fiduciary)		
Joh	nan Orlando Fundor (Typed or printed name of person signing)	a Caro	ballo
	President (Title of person signing)		