P160053596

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SECRETARY OF STATE

C. GOLDEN APR 2 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DELIVERYS	COSTAFREDA.COM CORP.				
DOCUMENT NUMBER: P16000052596					
The enclosed Articles of Amendment and fee a	re submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
MIGUEL COSTAFREE	DA VAZQUEZ				
	Name of Contact Person				
DELIVERYSCOSTAF	DELIVERYSCOSTAFREDA.COM CORP.				
	Firm/ Company				
10863 NW 83ST UNITI					
	Address				
DORAL FL 33178					
	City/ State and Zip Code				
DELIVERYSCOSTAFREDA	@GMAIL.COM				
E-mail address: (to	be used for future annual report notification)				
For further information concerning this matter,	please call:				
MIGUEL COSTAFREDA VAZQUEZ	at (786) 5541314				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:				
\$35 Filing Fee					
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 2018 APR 25 PM 2: 44

SECRETARY OF STATE DELIVERYSCOSTAFREDA.COM CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P16000052596 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of 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.

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>	<u>Name</u>	<u>Addres</u> s
i) Change	N/A		
			,
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			****
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
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)	
RECLASSIFICATION OF SHARES OWNERSHIP	
MIGUEL COSTAFREDA VAZQUEZ OWNS 50% OF ISSUED SHARES	
& CELIA M GARCIA VALLARTA OWNS 50% OF ISSUED SHARES	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
4/20/2018 Dated	
Signature K152	
(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)	
MIGUEL COSTAFREDA VAZQUEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	