## P16000059799

| (Re                     | questor's Name)   | ····        |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
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S. TALLENT DEC 22 2016





## **COVER LETTER**

| TO: Amendment Sect<br>Division of Corpo |   |  |  |
|---|---|--|--|
| NAME OF CORPOR                          | RATION: 12=5<br>BER: \$1600001              | Banderas y   | EVENTUS, FIX   |
| DOCUMENT NUMI                           | ber: <u>+)160000 J</u>                      | <u>59 799                                   </u>                   |  |
| The enclosed Articles                   | of Amendment and fee are su                 | bmitted for filing.  |  |
| Please return all corre                 | spondence concerning this ma                | tter to the following:   |  |
|   |   |  |  |
|   |   | Name of Contact Person   |  |
|   | Account                                     | tin & DZIERZ   | sungl Securies Tol   |
|   | 7 (00.0011                                  | Firm/ Company  | SNOR SERVICES DC   |
|   | POBO  | K 1130   |  |
|   | <u> </u>                                    | Address  | <del></del>  |
|   | O core                                      | FC 34761   |  |
|   |   | City/ State and Zip Cod  | e /  |
|   |   |  |  |
|   | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |
| For further information                 | n concerning this matter, pleas             | sa natti   |  |
| For further information                 | t concerning this matter, preas             | se can.  |  |
|   | אוט   | at (HOF  | -) 656-3883  |
| Name                                    | of Contact Person                           | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check fo                  | r the following amount made                 | payable to the Florida Depa  | artment 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) |
| Moi                                     | ling Address                                | Street   | Address  |

Mailing Address

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

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

## Articles of Amendment to Articles of Incorporation of

| IRES Banderas 4 E<br>(Name of Corporation as currently  | VENTOS INC.   |
|---|---|
| (Name of Corporation as currently   | filed with the Florida Dept. of State)  |
| P160000 59799   |   |
| (Document Number of C   | <del></del>   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Fitis Articles of Incorporation:   | orida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new name of the corporation:   |   |
|   | 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. | " "company," or "incorporated" or the abbreviation o". 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> )   |   |
|   | E T   |
|   |   |
| C. Enter new mailing address, if applicable:  | m oii   |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |   |
|   |   |
|   | A   |
|   |   |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:   | is in Florida, enter the name of the  |
|   | 500G  |
| Name of New Registered Agent (1000) H   | 16.111.00   |
| 154b+ 5900  | 2 Meld FOOP   |
| Name of New Registered Agent Claudia E<br>15467 5900<br>(Florida stree<br>New Registered Office Address: Winter ba  | address)  |
| New Registered Office Address: WINTER 64  | Florida 34787   |
| (C  | ny) (Elp Coue)  |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent:   |   |
| I hereby accept the appointment as registered agent. I am familiar with   | h and accept the obligations of the position.   |
| Ol li Lori  |   |
| - Course Offan  | CA<br>gistered Agent, if changing   |
| Signature of New Reg  | psierea Agent, ij 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             | PT John             | n Doe            |   |
|-------------------------------|---------------------|------------------|---|
| X Remove                      | <u>V</u> <u>Mik</u> | e Jones          |   |
| X Add                         | SV Sall             | y Smith          |   |
| Type of Action<br>(Check One) | Title               | Name             | <u>Addres</u> s                         |
| 1) Change                     | 2                   | Cloudia Espana   | 15467 Sand Field Loup                   |
| Add                           |                     |                  | Winter barden, FL 3478;                 |
| Remove                        |                     |                  | *************************************** |
| 2) Change                     | P                   | Brenda o Barwick | 1284 Log Landing DR<br>Ocoec, FL 34761  |
| Add                           |                     |                  | UCOEC, FL 34161                         |
| Remove 3) Change              | <u>VP</u>           | Donald EBgrwick  | 1284 LogLandins Da<br>Ococe FL 34761    |
| Add                           |                     |                  | Ococe FL 34761                          |
| Remove                        |                     |                  |   |
| 4) Change                     |                     |                  |   |
| Add                           |                     |                  |   |
| Remove                        |                     |                  |   |
| 5) Change                     |                     |                  |   |
| Add                           |                     |                  |   |
| Remove                        |                     |                  |   |
| 6) Change                     |                     |                  |   |
| Add                           |                     |                  |   |
| Remove                        |                     |                  |   |

| f amending or adding additional Art<br>Attach additional sheets, if necessary).  | (Be specific)  |
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| an amendment provides for an exclorovisions for implementing the ame   | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  |  |
|  |  |
|  |  |
|  |  |
| · ····   |  |
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| The date of each amendment(s) adoption: $12-14-2016$ date this document was signed.  | , if other than th     |
|--|------------------------|
| Effective date if applicable: 12-14-2016  (no more than 90 days after amendment file date)   |                        |
| (no more than 90 days after amenament file date)   |                        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.  | ll not be listed as th |
| 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"  |                        |
| 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.   |                        |
| Dated    12-14-2015  Signature   Signature |                        |
| Signature / Sussia Concerta  |                        |
| (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)   |                        |
| Clarate Espana (Typed or printed name of person signing)   |                        |
| (Typed or printed name of person signing)  |                        |
| V President  |                        |
| (Title of person signing)  |                        |