P1600068973

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SEGRETARY OF STATE ALLAHASSEE, FLORINA

MAR 27 2010 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TAFE CORPOR	RATION	
DOCUMENT NUMBER: P16000068973		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
PILLADO-MATHEU, SA	NTIAGO	
	Name of Contact Person	n
TAFE CORPORATION		
	Firm/ Company	
1800 NE 199TH STREET		
	Address	
MIAMI, FL 33179		
-	City/ State and Zip Cod	e
SANTIAGOPM@CADVISOR.	NET	
E-mail address: (to be	e used for future annual report	notification)
For further information concerning this matter, pl	ease cali:	
PILLADO-MATHEU, SANTIAGO	at (305	7616769
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Depa	artment of State:
□ \$35 Filing Fee Securificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Address Iment Section

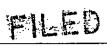
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment Articles of Incorporation

of

TAFE CORPORATION



(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000068973	26 HAR 26 P 3 84
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following inhadinent(s) to RIB
A. If amending name, enter the new name of the corporation:	
N/A	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 "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(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)	N/A
· · · · · · · · · · · · · · · · · ·	
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 N/A	
(Florida stre	et address)
New Registered Office 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 w	ith and accept the obligations of the position.
Signature of New Re	egistered 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.

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>	Name	<u>Addres</u> s
1) Change	D	OJALVO, FERNANDO	1800 NE 199TH STREET
Add			MIAMI, FL 33179
X Remove			
2) Change	D	GOROSTIAGA, EMILIANO	1800 NE 199TH STREET
Add			MIAMI, FL 33179
X Remove			
3) Change	D	MACHEGIANI, FRANCO	1800 NE 199TH STREET
Add			MIAMI, FL 33179
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
1771	
F. If an amendment provides for an exch- provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
MARGUEIRAT, ESTANISLAO 50% SHA	RES
CIPPONERI, ALEJANDRA G 50% SHAR	ES

The date of each amendment(s) a	doption:	, 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 to document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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	
ьу		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
03/20/2018 Dated	World of officer – if directors or officers have not been	
(By a d	irector, president or other officer - if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	PILLADO-MATHEU, SANTIAGO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	<u></u>