# P16000083193

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
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	cument Number)			
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JUN 04 2018 S. YOUNG

#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Corporación Internacional Para la Gestion del Conocimiento INC. 916000083193 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ORCIGEC.
Firm/Company Firm/ Company

NW 21 ct. # 200

Address Miami, FL 33175
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### Mailing Address

TO: Amendment Section

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

### CORPORACION INTERNACIONAL PARA LA GESTION DEL CONOCIMIENTO INC

(Name of Corporation as curre	ntly filed with the Florida D	ept. of State)	
P16000083193			
(Document Number	of Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation	adopts the following amen	dment(s) to
A. If amending name, enter the new name of the corporation:			
n/a		The	new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corp		
B. Enter new principal office address, if applicable:	n/a		
(Principal office address MUST BE A STREET ADDRESS )	<u>-</u>		
	<del> </del>		<del>-</del> 55
		<u> </u>	<del></del>
C. Enter new mailing address, if applicable:			: <del>2</del>
(Mailing address MAY BE A POST OFFICE BOX)	n/a	· ·	
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	<del>-</del>
		<del></del>	<u></u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.		name of the	
11/2	<del></del>		
Name of New Registered Agent		<del></del>	
(Florida	street address)		
New Registered Office Address:	(C*:)	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent. I am familio		ions of the position.	
Signature of Nav	v Registered Agent, if changin		

## 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 Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	(Director) Bellez Harrybell	
X Add	(1622) 50 40 40.	Apt 212 - Plantation
Remove		ZIP Code 33324
2) Change	N/A	
Add		
Remove		<del></del>
3 ) Change	N/A	
Add		
Remove		
4) Change	N/A	
Add		<del></del>
Remove		
5) Change	NA	
Add		
Remove		
6) Change	NA	<del> </del>
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
n/a	
	<del></del>
<del></del>	
	<del>.</del>
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)	
n/a	· · · · · · · · · · · · · · · · · · ·
	<u> </u>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
-	
Effective date <u>if applicable</u> :	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	ng requirements, this date 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 of by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes east for the amendment(s) was/were sufficient for app	proval
by	·"
(voting group)	
The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ction and shareholder
Dated	
Signature JULIU	
Signature  (By a director, president or other officer – if directors of selected, by an incorporator if in the hands of a receive appointed fiduciary by that fiduciary)	r officers have not been eer, trustee, or other court
Rosalia Hernandez	
(Typed or printed name of person sig	gning)
President	
(Title of person signing)	