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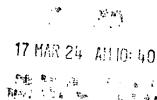


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	_{ION:} Candela G	astro Bar Corp	
DOCUMENT NUMBER	<u>: P1600008559</u>)7	······································
The enclosed Articles of A			
Please return all correspon	dence concerning this ma	tter to the following:	
М	auricio Villafane	ez	
		Name of Contact Person	1
Ca	andela Gastro l	Bar Corp	
		Firm/ Company	
17	75 SW 7th Stree	et Suite 2115	
		Address	
М	iami, FL 33130		
-		City/ State and Zip Code	e
finsol	corp@gmail.co	m	
		sed for future annual report	notification)
	•	•	,
For further information co	ncerning this matter, pleas	se call:	
Mauricio Villafanez		at (305	, 300-1681
Name of C	ontact Person		de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	urtment 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)
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



Candela Gastro Bar Corp			Aller Aller	F- ⁽¹⁾ (j ▲
(Name of Corporation as currently	y filed with the Flo	orida Dept. of State)		
P16000085597				
(Document Number	of Corporation (if	known)		•
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	rida Statutes, this F	lorida Profit Corporatio	n adopts the following	g amendment(s)
a. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "C	o". A professional corp	orporated" or the accoration name must o	bbreviation
B. Enter new principal office address, if applicate Principal office address MUST BE A STREET A.				-
Tincipul diffice duaress <u>most ble A Stricel A</u>	DDRESS)	· · · · · · · · · · · · · · · · · · ·		-
				•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROY)			
(Muning address MAI BE A 1 OST OFFICE I	<u>302</u>)	· · · · · · · · · · · · · · · · · · ·	·····	•
				=
				-
). If amending the registered agent and/or regis	stared office eddre	ss in Florido, antor the	name of the	
new registered agent and/or the new registered		ss in Piorida, enter the	name of the	
Name of New Registered Agent				
Nume of New Negisierea Agent			•	
	(Florida stree	t address)		
	(,		
New Registered Office Address:	(City)	, Flor	ida	
	(0.9)		(=4, ====)	
New Registered Agent's Signature, if changing R		معد د. و ور		
hereby accept the appointment as registered agent	t. I am familiar wi	th and accept the obligat	tions of the position.	
				
Signature of	New Registered Ag	ent, 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 Do	oe		
X Remove					
	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	VP	_	Marlon B Mejia	175 SW 7th Street	
Add				Suite 2115	
Remove				Miami, FL 33130	
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change				•	
Add		_			
Remove					
6) L Change		_			
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
· ·	
 	
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
	The state of the s

The date of each amendment(s) ad	option: Maron 2 190 , 20 17	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopty by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved 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 f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated_March 21	1st 2017	
Signature	May Wer -	
` •	ector, president or other officer - if directors or officers have not been	
	, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
арронис	a national by that inductary)	
I	Mauricio Villafanez	
•••	(Typed or printed name of person signing)	
I	President	
_	(Title of person signing)	