## P10000088454

| (Re                     | questor's Name)    |             |
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| (Document Number)       |                    |             |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| estment Association Inc                                              |                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                      | <del></del>                                                                                                                                                                                                                                                                      |  |
| are submitted for filing.                                            |                                                                                                                                                                                                                                                                                  |  |
| is matter to the following:                                          |                                                                                                                                                                                                                                                                                  |  |
|                                                                      |                                                                                                                                                                                                                                                                                  |  |
| Name of Contact Perso                                                | n                                                                                                                                                                                                                                                                                |  |
| Firm/ Company                                                        |                                                                                                                                                                                                                                                                                  |  |
|                                                                      |                                                                                                                                                                                                                                                                                  |  |
| Address                                                              |                                                                                                                                                                                                                                                                                  |  |
|                                                                      |                                                                                                                                                                                                                                                                                  |  |
| City/ State and Zip Cod                                              | e                                                                                                                                                                                                                                                                                |  |
| n                                                                    |                                                                                                                                                                                                                                                                                  |  |
| be used for future annual report                                     | notification)                                                                                                                                                                                                                                                                    |  |
| please call:                                                         |                                                                                                                                                                                                                                                                                  |  |
| 305<br>at (                                                          | 804-0856                                                                                                                                                                                                                                                                         |  |
| Area Co                                                              | de & Daytime Telephone Number                                                                                                                                                                                                                                                    |  |
| ade payable to the Florida Depa                                      | artment of State:                                                                                                                                                                                                                                                                |  |
| & D\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                                                                                                                                                                                           |  |
|                                                                      | Address                                                                                                                                                                                                                                                                          |  |
|                                                                      | Amendment Section                                                                                                                                                                                                                                                                |  |
|                                                                      | n of Corporations                                                                                                                                                                                                                                                                |  |
|                                                                      | Building<br>vective Center Circle                                                                                                                                                                                                                                                |  |
| i i i                                                                | Name of Contact Perso  Firm/ Company  Address  City/ State and Zip Cod  be used for future annual report  please call:  at (  305  Area Co  ade payable to the Florida Depa  & □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Street  Amend Division Clifton |  |

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

| Articles of A<br>to<br>Articles of Inc<br>of                                                                                                                                                          | corporation 25 2                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| American Investment Association Inc                                                                                                                                                                   | 19 E M                                                          |
| (Name of Corporation as currently                                                                                                                                                                     | y filed with the Florida Dept. of State)                        |
| P16000088454                                                                                                                                                                                          |                                                                 |
| (Document Number o                                                                                                                                                                                    | f Corporation (if known)                                        |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:                                                                                                 | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:                                                                                                                                           |                                                                 |
| name must be distinguishable and contain the word "corporation<br>"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation | Co". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                                                                                             |                                                                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                               | PO BOX 3502                                                     |
|                                                                                                                                                                                                       | Hialeah, FL 33013                                               |
| D. If amending the registered agent and/or registered office addr<br>new registered agent and/or the new registered office address:                                                                   | ess in Florida, enter the name of the                           |
| Name of New Registered Agent                                                                                                                                                                          |                                                                 |
|                                                                                                                                                                                                       |                                                                 |
| (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                                                                  | oith 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.

| 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    |
| 1) Change                  | VP           | Liudmila Rodriguez | 8353 SW 124 Street |
| x Add                      |              |                    | Suite 205-F        |
| Remove                     |              |                    | Miami, FL 33156    |
| 2) Change                  |              |                    |                    |
| Add                        |              |                    |                    |
| Remove                     |              |                    |                    |
| 3 ) Change                 |              |                    |                    |
| Add                        |              |                    |                    |
| Remove                     |              |                    |                    |
| 4) Change                  |              |                    |                    |
| Add                        |              |                    |                    |
| Remove                     |              |                    |                    |
| 5) Change                  |              |                    |                    |
| Add                        |              |                    |                    |
| Remove                     |              |                    |                    |
| 6) Change                  |              |                    |                    |
| Add                        |              |                    |                    |
| Remove                     |              |                    |                    |

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|                                                                                           | August 1, 2017                                                                                                                                              |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The date of each amendment(s) adoption: _                                                 | , if other than the                                                                                                                                         |
| date this document was signed.                                                            | 7                                                                                                                                                           |
| August 1, 201<br>Effective date <u>if applicable</u> :                                    | l .                                                                                                                                                         |
|                                                                                           | (no more than 90 days after amendment file date)                                                                                                            |
| Note: If the date inserted in this block does document's effective date on the Department | not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.                                              |
| Adoption of Amendment(s) (C                                                               | CHECK ONE)                                                                                                                                                  |
| ■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient to     | re shareholders. The number of votes east for the amendment(s) rapproval.                                                                                   |
|                                                                                           | the shareholders through voting groups. The following statement on group entitled to vote separately on the amendment(s):                                   |
|                                                                                           | endment(s) was/were sufficient for approval                                                                                                                 |
| by                                                                                        | oting group)                                                                                                                                                |
| ń                                                                                         | oting group)                                                                                                                                                |
| action was not required.                                                                  | e board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder                                |
| August 1, 2017 Dated                                                                      |                                                                                                                                                             |
| Signature                                                                                 |                                                                                                                                                             |
| (By a director, pr<br>selected, by an in                                                  | esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that (iduciary) |
| Carlos M                                                                                  | Cabrera                                                                                                                                                     |
|                                                                                           | (Typed or printed name of person signing)                                                                                                                   |
| President                                                                                 |                                                                                                                                                             |
|                                                                                           | (Title of person signing)                                                                                                                                   |