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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ISAMORE COMPANY CORP			
DOCUMENT NUMBER: P16000088950				
The enclosed Articles of Amendmen	and fee are submitted for filing.			
Please return all correspondence cor	erning this matter to the following:			
	ADRIANA LANCHEROS			
	Name of Contact Person			
•	Firm/ Company			
	2121 PONCE DE LEON BLVD.			
Address				
CORAL GABLES, FL 33134				
	City/ State and Zip Code			
	alancheros@yahoo.com			
E-mail a	lress: (to be used for future annual report notification)			
For further information concerning t	s matter, please call:			
ADRIANA LANCHEROS	at (305 8482584			
Name of Contact Per				
Enclosed is a check for the following	amount made payable to the Florida Department of State:			
-	Filing Fee & Status Status Status Status Status Status Status Status Certified Copy Certif			
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	tions Division of Corporations Clifton Building			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

ISAMORE COMPANY CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000088950

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following at its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A T/ name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevious "Corp.," "Inc.," or "Co". A professional corporation name must convord "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE 1050 CORAL GABLES, FL 33134 C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) SUITE 1050 CORAL GABLES, FL 33134 D. If amending the registered agent and/or registered office address in Florida, enter the name of the	ie new eviation
N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbr "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must convord "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) CORAL GABLES, FL 33134 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SUITE 1050 CORAL GABLES, FL 33134	eviation
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(Mailing address MAY BE A POST OFFICE BOX) SUITE 1050 CORAL GABLES, FL 33134	
SUITE 1050 CORAL GABLES, FL 33134	
	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address: Name of New Registered Agent N/A	
2121 PONCE DE LEON BLVD. SUITE 1050	
(Florida street address)	
New Registered Office Address: CORAL GABLES , Florida 33134	
(City) (Zip Cod	e)

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:

 \dot{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>	Name	<u>Addres</u> s
i) Change	N/Λ	Ν/Λ	Ν/Λ
Add			
Remove			
2) Change	<u>Ν</u> /Λ	Ν/Λ	N/Λ
Add			
Remove			
3)Change	N/A	N/Λ	Ν/Λ
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5)Change	N/A	Ν/Λ	N/A
Add			
Remove			
6) Change	N/Λ	N/A	N/A
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
VΛ	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis and an analysis and an analysis and an analysis analysis and analysis analysis and an analysis analysis and analysis and an analys
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	01/01/2017	
<u>= 13pp1001310</u>	(no more than 90 days after amendr	nent file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes ca sufficient for approval.	st for the amendment(s)
	oproved by the shareholders through voting groups. or each voting group entitled to vote separately on t	
	st for the amendment(s) was/were sufficient for appr	oval
· by	(voting group)	·
	dopted by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder acti	on and shareholder
02/ Dated	2/2016 AAO	
selec	director, president or other officer – if directors or oned, by an incorporator – if in the hands of a received need fiduciary by that fiduciary)	
	ANDRES COLANTONI	
	(Typed or printed name of person sign	ing)
	VP	
	(Title of person signing)	