P16000100216

(Requ	estor's Name)	
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(Docu	ment Number)	
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Special Instructions to Fil	ing Officer:	_





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2018 JUN 22 P * 133 SECRETARY OF STATE ALL ANASSEE FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MONDO PANDA	INC	
DOCUMENT NUM	BER: P16000100216		·
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GUILLERMO OLIVO		
		Name of Contact Per	son
	MONDO PANDA INC		
		Firm/ Company	
	2301 NW 87TH AVE STE 5	04 5TH FLOOR	
		Address	
	DORAL FLORIDA 33172		
		City/ State and Zip C	ode
guille	ermo@mondopanda.com		
		sed for future annual repo	ort notification)
For further information	n concerning this matter, plea-	se call:	
GUILLERMO OLIV	0	786 at (5971824
Name	of Contact Person		Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida De	epartment of State.
S35 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)
	iling Address		et Address
	Amendment Section Amendment Section Division of Corporations Division of Corporations		
	vision of Corporations Division of Corporations D. Box 6327 Clifton Building		
	lahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

	2018 JUN 22 💬 🕸 ≒3
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P16000100216	SÉDRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or " word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
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 add	
new registered agent and/or the new registered office address	
new registered agent and/or the new registered office address	
new registered agent and/or the new registered office address Name of New Registered Agent N/A	
new registered agent and/or the new registered office address Name of New Registered Agent N/A	<u>s:</u>

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CMO	SARAY CHHAMBBAT	2301 NW 87TH AVE SUITE 504
Add			DORAL FLORIDA 33172
X Remove			
2) X Change	CEO	GUILLERMO OLIVO	2301 NW 87FH AVE SUITE 504
Add			DORAL FLORIDA 33172
Remove 3) Change	CCO	ANDRES TORRES	2301 NW 87TH AVE SUITE 504
Add			DORAL FLORIDA 33172
Remove			
4) Change		.	
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If ame</u> (Attach	ending or adding additional Articles, enter hadditional sheets, if necessary). (Be specified)	change(s) here: fic)		
N/A	······································			
				
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F 16		!6		
r. <u>n an a</u> provi	amendment provides for an exchange, recla visions for implementing the amendment if n	<u>issuication, or cancel</u> not contained in the a	mendment itself:	
(,	(if not applicable, indicate N/A)			
N/A				
				
				<u> </u>
	· · · · · · · · · · · · · · · · · · ·			

	AUGUST 15, 2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	CT ST 15 2017	
Effective date <u>if applicable</u> :	IGUST 15, 2017	
 _	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement of each voting group entitled to vote separately on the amendment(s):	u.
	t for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
AUGUST Dated Signature	15, 2017 July 1	
selyci	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	GUILLERMO OLIVO	
	(Typed or printed name of person signing)	
	CI : O	
	(Title of person signing)	