P17000001163

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LOS CEDROS IN	IVESTMENT CORP.	
DOCUMENT NUM	P17000001163		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GUILLERMO GONZALEZ		
		Name of Contact Persor	1
	UNLIMITED TITLE GROU	P CORP.	
, -		Firm/ Company	
	2400 NW 87 PL		
•		Address	91 VIII.
	DORAL, FL 33172		
		City/ State and Zip Code	
	ggonzalez@unlimitedtitle.net	ı	
	-	sed for future annual report	notification)
For further informatic	on concerning this matter, plea	305	269-9087
Name	of Contact Person	at (de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Address ment Section
	ision of Corporations		n of Corporations
	. Box 6327 ahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LOS CEDROS INVESTMENT CORP.

(Name)	of Corporation as currently	filed with the Florida Der	of State)	<u></u>
P17000001		The will the Fivina Dep	M. Or Grate,	
	(Document Number of	Corporation (if known)	~ · ·	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this A	lorida Profit Corporation a	dopts the following a	mendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" professional corporation i	or the abbreviation 'name must contain to	he new "Corp" he word
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)			75
				-
				
C. Enter new mailing address, if appl	icahle:			图 :1
(Mailing address MAY BE A POST				
· ·				
D. If a see all see all see all see	1/			
D. If amending the registered agent ar new registered agent and/or the new			me of the	
	Juan Fernando Vizcaino Sa	•		
Name of New Registered Agent	9737 NW 41 St, Suite 750			
	(Florida stre	eet address)		
	Doral	C. and Cony	33178	
New Registered Office Address:	*****	(City)	_, Florida	
	(City)	(Zip Cod	<i></i>
New Registered Agent's Signature, if c	hanging Registered Agents			
I hereby accept the appointment as regist		gth and accept the obligation	ns of the position.	
	100	nund)		
	Signature of New Re	gistered Agent, if changing	.	
	• • • • • • • • • • • • • • • • • • • •			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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	P	Juan Fernando Vizcaino Sangoquiza	9737 NW 41 St #750
X Add			Doral, FL 33178
Remove			
2) Change	P	Juan A. Vizcaino	9737 NW 41 St #750
Add			Doral, FL 33178
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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If an amendment provides for an eyel	hange reclavrification or concellation of iconed charge
If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ado date this document was signed.	ption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☑ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Signature (By a dire selected,	ctor, 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 if fiduciary by that fiduciary)
J	uan Fernando Vizcaino Sangoquiza
_	(Typed or printed name of person signing)
P	resident
	(Title of person signing)