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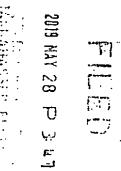
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AMEHED SALAZAR
Name of Contact Person Firm/ Company ISCAPUL BIVU Apt 605 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MEHED SALAZAL at (305) 290-9731

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Inc	corporation
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	Articles of Inc	. •	
	of		
	Tomb	au Inc.	
(<u>Name o</u>	of Corporation as currentl	ly filed with the Florid	·-
	PD	10000124	6 3011 MAY 28 P 3 E7
	(Document Number o	f Corporation (if known	
dursuant to the provisions of section 607, s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following amendment(s)
. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "	'Co". A professional e	
B. Enter new principal office address, i	if annlicuble:		
Principal office address <u>MUST BE A ST</u>		_	
			
Enter new mailing address, if applie (Mailing address MAY BE A POST C			
(Framing duaress MAT BE ATOST C	MIRCE BOX		
			
. If amending the registered ugent and			he name of the
new registered agent and/or the new		_	
Name of New Registered Agent	AMEHED	SALAZAR	
	18081 B1;	SCAYNE Blv	d 194 605
New Registered Office Address:	Aventura		Florida_ 33160
New Registered Office Address.		(Cay)	(Zip Code)
			ŕ
iew Registered Agent's Signature, if ch	nanging Registered Agent	<u>:</u>	
hereby accept the appointment as registe			gations of the position.
		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Signature of New R	Registered Agent, if char	iging

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 D	oe			
X Remove	<u>V</u>	Mike J	<u>ones</u>			
X Add	<u>sv</u>	Sally S	mith			
Type of Action (Check One)	Title		Name		<u>Addres</u> s	
1) Change	P		andrea	Cerra	18021 Biscayne Bi	
X Add					#1403-2 Aventure FL	3
Remove			_			
2) Change	YP		Damian		5 18021 BISCAYNE BY	
X Add					unit #1403-2 Aventure	√t 16
Remove						_
3) Change		_				
Add						
Remove						
4) Change		_		- 11.		
Add						
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5) Change						
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6) Change				.		
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./	sheets, if necessary).	(Be specific)	(s) here:	
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			ion, or cancellation of iss	
provisions for im	iplementing the amen		ion, or cancellation of iss ained in the amendment	
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The date of each amendment(s) adoption: MAY 23 2019 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by AMEHED SALAZAR (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
RESister Ascat	
(Title of person signing)	