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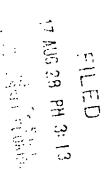


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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	Carlos J. Arguello	Inc.		
DOCUMENT NUMBI	P17000017550 E <b>R</b> :			
The enclosed Articles of	f Amendment and fee are su	bmitted for tiling		
Please return all corresp	ondence concerning this ma	tter to the followi	ng:	
(	Carlos J. Arguello			
_		Name of Cont	act Persor	1
-	WW CW 122-4 V	Firm/ Cor	mpany	
-	4048 SW 132nd Ave			
,	diami, FL 33186	Addro	288	
_		City/ State and	d Zip Code	2
jovi@r	nakerdesign.co			,
<del></del>	E-mail address: (to be us	sed for future ann	ual report	notification)
For further information	concerning this matter, pleas	se call:		
Carlos J. Arguello		at (	305	772-8234 de & Daytime Telephone Number
Name of	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Flo	orida Depa	ertment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional enclosed)	py	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Carlos J Arguello Inc.			
(Name of Corpora P17000017550	tion as currently filed wi	th the Florida Dept. of Sta	te)
	ament Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607,1006. Flori its Articles of Incorporation:		·	e following amendment(s)
A. If amending name, enter the new name of the Carlos Jovi Arguello Inc.	corporation:		<i>Th.</i>
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp." "Inc." or "Co". A		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL			7 A.U.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u> )	·	78 FF D
D. If amending the registered agent and/or regist	ered office address in Flo	orida, enter the name of th	s
new registered agent and/or the new registered  Name of New Registered Agent	d office address:		
	(Florida street addres:	N)	<del></del>
New Registered Office Address:	(City)	Florid:	a(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		eccept the obligations of the	position.
Sie	nature of New Registered	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.

X Change	<u>PT</u>	John Do	<u>)c</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Saliv Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres.</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) 71			•	
5) Change		-	- <del></del>	
Add				
Remove				
6) Change		_		
Add				
Remove				

A TANGETT INVALENTATIONS OF THE	g additional Articlesets, if necessary). (1	Be specific)			
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for anyondarant and	eddag for an araban				
provisions for imple	vides for an exchang menting the amendr	ge, reciassificatio ment if not contai	n <u>, or cancenation</u> ned in the amend	ment itself:	
(if not applicable	. indicate N/A)	Ment II III COM		1111111111111	
				·	
			<del></del> -	<del></del>	
			<u> </u>		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will 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	
(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.	
Dated 7 29 17	
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 tiduciary by that tiduciary)	<del>_</del>
CARIOS I ARCINELLO	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	
(Title of person signing)	