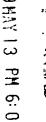
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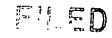
C. GOLDEN MAY 23 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DIGBY INVES	STMENTS, INC
DOCUMENT NUMBER: P17000017562	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
EUGENIO J. SANATEI.	LA G.
DIGBY INVESTMENT	Name of Contact Person
	Firm/ Company
5635 MEMORIAL HWY	• •
	Address
TAMPA, FLORIDA 336	15
	City/ State and Zip Code
FJ9586@GMAIL.COM	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p EUGENIO J. SANTAELLA G.	at (
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	
□ \$35 Filing Fee Certificate of Statu	_
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DIGBY INVESTMENTS, INC

2019 MAY 13 PM 6: 09

(<u>Name</u>	of Corporation as currently filed with the Florida Dept. of State)
P17000017562	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:
	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," or "incorporated" or the abbreviation action "Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:
(Principal office address MUST BE A S	
C. Enter your mailing address if and	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	
D 10 11 14 14 1	1/ i.e. d 65 address - Florida was about man of the
new registered agent and/or the ne	nd/or registered office address in Florida, enter the name of the way registered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if	thanging Registered Agent: tered agent.—I am familiar with and accept the obligations of the position.
т петену иссерстве арринтеть из геды	wrea agent. Tam jaminar wan ana accept the offigurous of the position.
	Signature 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.

Example: X Change	<u>PT</u>	John	<u>Doc</u>	
X Remove	<u>v</u>	Mike	Jones	
X Add	<u>sv</u>	Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	P		JORGE L. GARROTE	14117 SOUTH WEST 66 STREET
Add				UNIT H-2 MIAMI FL, 33183
X Remove				
2) Change		_		<u> </u>
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Characa				
6) Change		-		-
Add				
Remove		1		

E. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) here: (Re specific)
(N/A)	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A)	
1,074,	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:		
Effective date is appreciate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this timent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes east for the amendment for approval.	nt(s)
☐ The amendment(s) was/were approve must be separately provided for each	by the shareholders through voting groups. The following states the voting group entitled to vote separately on the amendment(s):	rment
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	older
■ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
05/01/2019 Dated		
Cimple		
Signature(By a direc	tor president or other officer - if directors or officers have not be	 en
selected, b	y an incorporator - if in the hands of a receiver, trustee, or other of	
appointed	fiduciary by that fiduciary)	
EU	IGENIO J. SANTAELLA G.	
_	(Typed or printed name of person signing)	
	/ PRESIDENT	
_	(Title of person signing)	