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COVER LETTER

Mym DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee □\$43.75 Filing Fee & □S43.75 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

TO: Amendment Section

Division of Corporations

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 Incor	rporation		
Marina Milliana ma	ouns on soft	CVO	
Man and sear the	VIAGENTE D	(81-1-1)	
(Name of Corporation as currently	C h C	1 State)	
+ J + 0000 10	1202		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adop	ts the following amenda	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The ne	** 41
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporatio	ted" or the abbreviation	on
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
<u> </u>			ſ
		— <u>※ </u>	
			-1:
		15: 15	<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name o	of the 🤼 📍	ار ار ار
new registered agent and/or the new registered office address:			<u> </u>
Name of New Registered Agent			
(Florida street	address)		
New Registered Office Address:	r.	.,	
	, FI	orida	
	•		
			i
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of	the position.	
		İ	- 1
	 		
Signature of New Reg.	istered Agent, if changing	1	

P = President; V = Vi Executive Officer; CF held. President, Treas Changes should be no a change, Mike Jones Mike Jones, V as Rem	ets, if necessary) (director title by life to the feet of the feet of the feet of the feet of the feet or the following the feet or the feet or point of the feet or the feet or the feet or point of the feet or	the first letter of the office title: Treasurer; S= Secretary; D= Director; TR= Tocial Officer. If an officer/director holds more ould be PTD. Ing manner. Currently John Doe is listed as the ration, Sally Smith is named the V and S. These	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	V Mil	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	l <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	7	Michael Valdes	9420 W Flagler SH \$30
Add			MIGMI 9 331741
Kemove			
2) Change	16	Christian Yaldes	9420 W. Plugher St#3
Add Remove 3) Change	<u>16</u>	Jessica Marshall	9420 W. Flugler St 30
Add Remove			MIUNI PI 38174 1
4) Add	<u>P</u>	Rigoberato Valdes	2050 NW 16 7e11 # E30L MIGMI P1 133125
Remove 5) Change Add	Λb	Larry Cruz	2050 NW 16 7err 75304 Micmi P1 33125
Remove Change Add	DIR	Tomus Castro Perez	2050 NW 16 7er #E304 Migmi P 133125
Remove		Page 2 of 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

amending or adding additional Ar tach <i>additional sheets, if necessary</i>).	(Be specific)	
		
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ovisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	i
(if not applicable, indicate N/A)		
		1
		<u> </u>
		+
— ,— —————————		

The date of each amendment(s) adoption:	, if other than th
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 wildocument's effective date on the Department of State's records.	ll not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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	1
(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 10 25 2017	
Signature Muhael UCC	_
(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)	
Michael valdes	
(Typed or printed name of person signing)	
<u>tresident</u>	
(Title of person signing)	