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COVER LETTER

TO: Amendment Section

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: E/ PRIMO LA CASA DE LAS A/CAPONIAS INC. DOCUMENT NUMBER: P170000 29285 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EDUAR do Bueno
Name of Contact Person El Primo la Casa de las Alagorias Inc. 16.18 Pleasant Hill ROD Kissimmer, FL 34746
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diras Lo Servicio at (407) 30/-2630

Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S43.75 Filing Fee & S52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

Articles of Incorporation

of

~ <u> </u>	ACARMIAS INC.
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P170000 29285	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
•	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.4." FOURT DE BUSINE Hill ROAD
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 OCT -
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	ess:
	street address)
New Registered Office Address: 14:55: MAEL	(City) Florida 3 4746 (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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)

Remove

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:	C, 14/114 1314	ny binnin, bir da diriradi.	
X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Jerry E. Buenu	1217 Bernadas LAKELA
Add			SUITE # 103
X Remove			Kissimmer Fl 34741
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

			ticles, enter cha . (Be specific)				
MAKE	Amer	idment.	70	Elim	in ted	HR. OF Ve Hir	
JERRY	E.	Buen	From	The	Post	OF	<u>.</u>
Resisted	Agen	1 an	J JP	and	Reno	ve Hir	1
Rrom	The	Actua	Corp	ocation	D. DE	Public.	Record.
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			change, reclass nendment if not				
(if not	t applicable	, indicate N/A)					
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		-748					

	doption: 10/01/19	, if other than the
The date of each amendment(s) a date this document was signed.	doption:	II (die) India the
-	08/28/19	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	(te)
	mo more than 20 days after amendment fre all	,
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requireme epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the autificient for approval.	mendment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendm	ing statement nent(s);
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
ե <u>ν</u>	· · · · · · · · · · · · · · · · · · ·	
, 	(voting group)	
. The umendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and	1 shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and sha	reholder
Dated [0 / 01 /	19	
Signatur	director, president or other officer – if directors or officers have	
(By a	director, president or other officer - if directors or officers have	ve not been
select	ed, by an incorporator – if in the hands of a receiver, trustee, of	er other court
appor	nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Poesident	
	(Title of person signing)	