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2018 JUN -6 AMII: 07 SECRETARY OF STAIR

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CORP	
DOCUMENT NUMBER: P17000051414		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
HUGO LINS		
	Name of Contact Person	
GIMP ACCOUNTING		
	Firm/ Company	
3595 SIMMS STREET		
	Address	
HOLLYWOOD, FL 33021		
	City/ State and Zip Code	 -
hugotlins@yahoo.com	1 d d a manual export r	potitication)
E-mail address: (to be use	ed for future annual report r	lottileanon,
For further information concerning this matter, please	e call:	
HUGO LINS	786	de & Daytime Telephone Number
Name of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of

Articles of Incor	pination		
of	Te A		
ONTANIGORDA CORP	70.0		
(Name of Corporation as currently	filed with the Florida Dept. of State		
17000051414			
(Document Number of C	Corporation (if known)		
result to the provisions of section 607.1006, Florida Statutes, this F Articles of Incorporation:	Torida Profit Corporation adopts the following antendments)		
. If amending name, enter the new name of the corporation:	₹		
	The new		
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C ord "chartered," "professional association," or the abbreviation "I			
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOLLYWOOD, FL 33021		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3389 SHERIDAN STREET STE 429		
(Mailing address MAY BE A POST OF PER BOSE)	HOLLYWOOD, FL 33021		
D. If amending the registered agent and/or registered office address	ress in Florida, enter the name of the		
new registered agent and/or the new registered office address	<u></u>		
Name of New Registered Agent			
Dame of the house and the same			
Same of Constanting			
	reet address)		
(Florida st			
	reet address), Florida (City) (Zip Code)		

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 = ChiefExecutive 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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			•
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter cl (Be specific	2)				
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	<u> </u>					
						
						
<u></u>				<u> </u>		
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				-		_
						
If an amendment provides for an ex	change, recla	ssification, o	r cancellation	of issued shar	es.	
provisions for implementing the ar (if not applicable, indicate N/A)	<u>nenament ii i</u>	<u>iot containea</u>	in the amend	nene ieseus		
(ij noi uppliculos, noices i sie						
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	<u> </u>					
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	05/17/2018	
The date of each amendment(:	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	ino more than 30 days after amenanent fac date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this de Department of State's records.	ate will not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment re-sufficient for approval.	(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following staten I for each voting group entitled to vote separately on the amendment(s):	nent
	cast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and sharehold adopted by the incorporators without shareholder action and shareholder	l er
action was not required.		
sel	y a director, president or other officer—if directors or officers have not beer ected, by an incorporator—if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	LUIZ A FERRETTI	
	LOIZ ATTAKETTI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	