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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMAZONIA S	OUL CORP
DOCUMENT NUMBER: P17000066711	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
MARIA BUSTAMANTE	
	Name of Contact Person
	Firm/ Company
851 THREE ISLANDS B	LVD APT 104
	Address
MIAMI BEACH, FL 331	1 40 1
	City/ State and Zip Code
MHBUSTA@GMAIL.COM	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
MARIA BUSTAMANTE	at (305) 713-6912
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
S35 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

AMAZONIA SOUL CORP

(Name of Corp	poration as currently filed with the Florida Dept. of State)	
P17000066711		
	Document Number of Corporation (if known)	
(-		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendmen	ıt(s)
A. If amending name, enter the new name of	the corporation:	
	The new	
	re word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."	
B. Enter new principal office address, if appli		
(Principal office address MUST BE A STREET	T'ADDRESS)	
C. Fatur now awilling address if applicables		7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CEBOX)	T
· · · · · · · · · · · · · · · · · · ·	(E BOX)	
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	<u> </u>	
D 16 19 11 11 11 11 11 11 11	, 57	
D. If amending the registered agent and/or re new registered agent and/or the new regis	egistered office address in Florida, enter the name of the	
The state of the s		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changin		
I hereby accept the appointment as registered ag	gent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	

address of each Office (Attach additional sheet Please note the officer/a P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov Example:	r and/or l is, if neces lirector the Presiden Precentief Precent of the form of in the form of and Sa	Director being a sary) the by the first lett at: T= Treasurer; Financial Office tor would be PTE offowing manner; corporation, Salidly Smith, SV as a salid.	dded: er of the office title: S= Secretary; D= Director; If an officer/director holds Currently John Doe is listed of the V and S.	TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name 	1	Address
l) Change	VP	MAR	IA H. BUSTAMENTE	851 THREE ISLANDS BLVD
, 8dd				APT 104
X Remove				HALLANDALE BEACH, FL 33009
2) Change	VP	 	IA H. BUSTAMANTE	851 THREE ISLANDS BLVD
X Add			-	APT 104
Remove				HALLANDALE BEACH, FL 33009
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				<u></u>
Remove				
6) Change	11 - 2 - 1 - 1			
Add				
Remove				

. If amending or adding additional Articles	 s, enter change(s) here:
(Attach additional sheets, if necessary). (E	Be specific)
· · · · · · · · · · · · · · · · · · ·	
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	<u> </u>
. If an amendment provides for an exchange	ge, reclassification, or cancellation of issued shares,
provisions for implementing the amends	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	<u> </u>
	-
	ll .

·	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the tate's records.
Adoption of Amendment(s) (CHE	 CK ONE)
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	 nareholders. The number of votes east for the amendment(s)
"The number of votes cast for the amend	 ment(s) was/were sufficient for approval 1
by	g group)
(votii	१९ group)
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the ir action was not required.	
09/01/2017 Dated	
Signature	larie d'Bustamante
(By a director, presid	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
MARIA H B	USTAMANTE
Г)	'yped or printed name of person signing)
VP	
	(Title of person signing)