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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HIDALGO LAW I	FIRM, P.A.	
DOCUMENT NUMB	P17000078294		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	YANNY HIDALGO		
•		Name of Contact Person	1
	HIDALGO LAW FIRM, P.A	•	
•		Firm/ Company	
	25 SE 2nd AVE Suite 1235		
-		Address	
	MIAMI, FL 33131		
•		City/ State and Zip Cod	e
yanny	@thehidalgolaw.com		1/
	E-mail address: (to be us	sed for future annual report	notification)
For further information YANNY HIDALGO	concerning this matter, pleas	se call: at (846-9192
	f Contact Person	at ()
	the following amount made p		
S35 Filing Fee	□\$43.75 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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment Articles of Incorporation of

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(Name of Corporation as curren	ntly filed with the Florida Dept. of St	<u>ite</u>)
P17000078294		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is <i>Florida Profit Corporation</i> adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporate	dan " "aominana" or "ingarparatad"	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or	ion, company, or incorporated ""Co". A professional corporation n	ume must contain the
word "chartered," "professional association," or the abbreviation		20 S
B. Enter new principal office address, if applicable:	25 SE 2nd Ave Suite 1235	50 5
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	-0.0
		UT \$
C. Enter new mailing address, if applicable:	25 SE 2nd Ave Suite 1235	H12:
(Mailing address MAY BE A POST OFFICE BOX)		
	Miami, FL 33131	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		<u>ee</u>
Name of New Registered Agent		
(Florida	street address)	
View Business I Office and James	. Florid	0
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age		manition
I hereby accept the appointment as registered agent. I am familia	r wun ana accept the onligations 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 Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jone	<u>28</u>	
_X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	Title	<u> </u>	Vame	<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				

	ling or adding additional dditional sheets, if necessa	ry). (Be specific)			
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				<u></u>	

		ovekones malagrifi	nation or consulta	tion of icensel chan	
provisio	endment provides for an ons for implementing the	amendment if not co	ontained in the am	endment itself:	<u>es.</u>
(if n	ot applicable, indicate N/.	4)			
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<u> </u>					
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			,,		

The date of each amendment(s) adoptio date this document was signed.	n:	, if other than the
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department	loes not meet the applicable statutory filing requirements, this date will ent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) it for approval.	
	by the shareholders through voting groups. The following statement 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	· ''	
	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
08/12/2019 Dated		
Signature	Jeficle 190	
(By a director selected, by a	, precident or other officer – it directors or officers have not been in invorporator – if in the hands of a receiver, trustee, or other court aciary by that fiduciary)	
Yanay	/ Hidalgo	
 -	(Typed or printed name of person signing)	
Presid	ent	
	(Title of person signing)	