P18000 006 202

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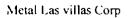
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$\underline{COVER\,LETTER}$

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	Corp				
DOCUMENT NUMB	P18000006202					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corres	pondence concerning this ma	itter to the following:				
		Carlos Rafael Lockwood	i			
-	Name of Contact Person					
	C_0	ulos Lockwar	√ .			
-		Firm/ Company				
	3303A NW 48 ST					
-	Address					
Miami, Florida,33142						
-		City/ State and Zip Cod	e			
	E-mail address: (to be u	sed for future annual report	notification)			
		r	,			
For further information	concerning this matter, pleas	se call:				
Miraldy Silva		786 at (2009776			
Name o	f Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fec	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
	Box 6327	Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				
		Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

P1800000	06202
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3303A NW 48 ST Miami,Florida ,33142
(Frincipal office address <u>most bl. A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3303A NW 48 ST Miami,Florida ,33142
	-
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
	<u>.</u>
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Name Descriptions of America Circumstance (Fall-pairs Description of America	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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.

X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P. S	MARTIN ALONSO, AMAURIS	901 E 30 St HIALEAH, FL 33013	
Add X Remove				
2) Change	P	GARCIA, MARIELA	229 W 13 STREET HIALEAH, FL	
Add X Remove				
3) Change	P	CARLOS RAFAEL LOCKWOOD	3303A NW 48 ST	
X Add			MIAMI,FL,33142	
Remove				
4) Change	VP	WINSTON JOSE ESPARZA GONZ.	3303A NW 48 ST	
X Add			MIAMI,FL,33142	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary).	(Be specific)			
	···			
				
	_			
	_			
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,			
provisions for implementing the ame	endment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				
				
	····			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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"	
(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 06/29/2019 Signature Coulon Lockwood.	
Signature Carlos Lockwood.	
(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)	
CARLOS RAFAEL LOCKWOOD	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	