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C. GOLDEN APR 1 8 2018

COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: ASAKIEL PATOLORISES INC			
DOCUMENT NUMBER: \$\\\\Phi\langle 180000 \frac{72057}{}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ASARIEL ENTERPLISES INC Firm/ Company			
HSARIEL ENTERPLISES INC			
3207 1/C12000 0.8			
Address			
PAIM SPRINGS FL 37406 City/ State and Zip Code			
City/ State and Zip Code			
Asaciel Thaira 39 @ Amail. com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ANARIEL IDACCA at (205) 878 1041			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation of

FILEL

AJARIEL EN	Teeplises	Inc	2010 APR 16 PK 12: 4
(Name	of Corporation as currently	filed with the Flori	da Dept. of State)
7/8/	00032057		ALLEN CONTROL DON
	(Document Number of	Corporation (if know	n) 35'
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this F	lorida Profit Corpor	ation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associates. B. Enter new principal office address.	nation "Corp," "Inc," or "C ation," or the abbreviation "P , if applicable:	o". A professional	corporated or the aboreviation corporation name must contain the
(Principal office address MUST BE A S C. Enter new mailing address, if app (Mailing address MAY BE A POST	licable:	PAIN 33 SAM	Springs Fu 406
D. If amending the registered agent a new registered agent and/or the ne		ss in Florida, enter	the name of the
Name of New Registered Agent			
	(Florida stree	et address)	
New Registered Office Address:	•		. Florida
New Registered Office Address.		City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis		th and accept the ob	ligations of the position.
	Signature of New Res	aistored Agent if chi	nnoino

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP Julia Castillo	7207 HEADOW Rd
<u>✓</u> Add		
Remove		32406
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove	, , , , , , , , , , , , , , , , , , ,	<u> </u>
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	<u>10</u> .		
WA				
			· · · · · · · · · · · · · · · · · · ·	
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			<u> </u>	
If an amendment provides for an exch	ange, reclassification, o	or cancellation of iss	ued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained	in the amendment	itself:	
	NA			
				<u> </u>

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)	
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.	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 4- 13- 2018	
Signature	
(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)	
Asarie Barra (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Presidente	
(Title of person signing)	