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(Business Entity Name)	04/23/1
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INVERSIONES H	EB CORP		
DOCUMENT NUMB	ER: P18000032615			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	RAFAEL BERMUDEZ VIV	ES		
-	,	Name of Contact Person	<u> </u>	
	INVERSIONES HEB CORP			
		Firm/ Company		
	9925 NW 89 TERRACE			
-		Address		
	DORAL, FL 33178			
-		City/ State and Zip Code	e	
BUSI	NESSACCTPROF@GMAIL	.СОМ	/	
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call: at (at	953-7449	
Name of Contact Person		at (Area Co		
	the following amount made			
■ \$35 Filing Fee	□\$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)	
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

INVERSIONES HEB CORP

( <u>Name of Corporation</u>	on as currently filed with the Florida Dept. of State)
P18000032615	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	The new d' "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	x <sub>2</sub> = 5
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	
Name of New Registered Agent	
	<u> </u>
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(Elp Colle)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signe	ature 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	RAFAEL BERMUDEZ	9925 NW 89 TERRACE
Add			DORAL, FL 33178
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			<del></del>
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	

	APRIL 12, 2018	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	IL 12, 2018	
meetive date <u>it applicable</u> .	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
04/18/2018 Dated		
Signature Signature Signature		
	ector, president or other officer - It directors or officers have not been	_
	by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
	RAFAEL BERMUDEZ VIVES	
_	(Typed or printed name of person signing)	
Ī	PRESIDENT	
-	(Title of person signing)	