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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: BORRELL FAMI	LY, CORP.	
DOCUMENT NUMB	ER: P18000035479		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	LESTER BORREL TORRE	S	
-		Name of Contact Perso	n
	BORRELL FAMILY, CORI	·.	
-		Firm/ Company	
	5212 30th ST SW		
-		Address	
	LEHIGH ACRES, FL 33973		
-		City/ State and Zip Cod	e
YCAR	.DOSO3@HOTMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LESTER BORRELL T	ORRES	at (362-7210
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Centificate of Status Centified Copy (Additional Copy is enclosed)
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

FILED

2018 AUG 15 PM 1:52

BORRELL FAMILY, CORP.

(Name of Corporation as currently filed with the Florida levis of State) OF STATE IALLAHASSEE, FI P18000035479 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida, (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D		LIUSBANY PEREZ GOMEZ	5212 30th ST SW
Add				LEHIGH ACRES, FL 33973
X Remove				
2) Change	1)		ELIESER FRIAS	8999 SW 27th ST
X Add				MIAMI, FL 33165
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	···			
Add				
Remove				
6) Change				
Add				
Remove				

!/A	sheets, if necessary).	(Be specific)			
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			on, or cancellation	of issued shares.	
lf an amendment	provides for an each	ange, reclassificatio			
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•	08/13/2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	8/13/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	file date)
Note: If the date inserted in the	is block does not meet the applicable statutory filing req Department of State's records.	uirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ar	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder acti	ion and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action a	nd shareholder
08/13/2 Dated	018	
	AR.	
Signature X	a director, president or other officer – if directors or office	ors have not hown
sele	cted, by an incorporator – if in the hands of a receiver, tru pointed fiduciary by that fiduciary)	
	LESTER BORRELL TORRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·