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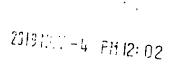
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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: FRIENDS INVEST	TMENTS FL. CORP			
DOCUMENT NUMBE					
	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
E	DNA MENDEZ				
	Name of Contact Person				
E	EMPIRE BUSINESS & TAX ADVISORS, LLC				
_		Firm/ Company			
20	201 RUBY AVENUE, SUITE A				
<del>-</del>	Address				
К	ISSIMMEE, FL 34741				
		City/ State and Zip Cod	e e		
EDNAM	MENDEZ@EMPIREBTA.C	COM			
	<del>-</del>	sed for future annual report	notification)		
For further information of EDNA MENDEZ	oncerning this matter, pleas		613-0850		
Name of	Contact Person	at ( Area Co	_) 613-0850 de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made				
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327				

### Articles of Amendment to Articles of Incorporation



#### FRIENDS INVESTMENTS FL. CORP

FRITISIAS INVEST	MIENTS CIA CONT		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
P1800	00037771		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter now principal office address: if applicables	8523 BAY LILLY LOOP		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	KISSIMMEE, FL 34747		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8523 BAY LILLY LOOP		
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34747		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
	<u> 55.</u>		
Name of New Registered Agent			
(Florida s	street address)		
New Registered Office Address:	, Florida (Zip Code)		
	$(C_{ij})$ $(C_{ij})$		
New Registered Agent's Signature, if changing Registered Agei	nt:		
I hereby accept the appointment as registered agent.—I am familia	r with and accept the obligations of the position.		
Signature of New	Registered Agent it 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) Change					
Add					
Remove					
2) Change			 <u>-</u>		
Add					
Remove					
3 ) Change			 		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		- <del></del>			
Remove					
6) Change			<del></del>		
Add					
Remove					

E. If amending or adding addit (Attach additional sheets, if ne	ional Articles, enter char cessary). (Be specific)	ige(s) here:		
N/A				
				,
_				
				•
F. If an amendment provides for provisions for implementin	g the amendment if not c	cation, or cancellation ontained in the amer	on of issued shares, idment itself:	
(if not applicable, indica	te N/A)			
N/A				
		<u> </u>		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	60.60000	
Effective date <u>if applicable</u> :	08/08/2019	
<u></u>	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this I document's effective date on the Do	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendmen ifficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
	ande Watini Berliana  linector, president prother officer - if directors or officers have not bee	
selecte	d, by an incorporator \(\frac{1}{2}\) if in the hands of a receiver, trustee, or other cotted fiduciary by that fiduciary)	
	JORGE DE MARTINI BECHARA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	