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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CAMEJO DEL PO	ORTAL GROUP CORP	
DOCUMENT NUMI	BER: P18000045055		<u> </u>
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MARLENE CAMEJO		
		Name of Contact Person	1
	CAMEJO DEL PORTAL G	ROUP CORP	
	7171 CORAL WAY, SUITE	Firm/ Company E 319	
		Address	
	MIAMI, FLORIDA 33155		
		City/ State and Zip Cod	e e
CAM	EJODELPORTAL@HOTM	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: 786	606-2850
Name	of Contact Person	at (de & Davtime Telephone Number
	r the following amount made		·
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation

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•	Articles of Incorporation
	of
CAMEJO DEL PORTAL GROUP CORP	

CAMEJO DEL PORTAL GROUP CORP	SETTLE TO SAME.		
(Name of Corporation as curren	itly filed with the Florida Dept. of State)		
P18000045055			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t		
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	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	7171 Coral Way		
(Principal office address MUST BE A STREET ADDRESS)	Suite 319		
	Miami, FL. 33155		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7171 Coral Way		
	Suite 319		
	Miami, FL. 33155		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Ager			
I hereby accept the appointment as registered agent. I am familian	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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If amending or adding addition Attach additional sheets, if neces	sary). (Be spe	cific)			
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	06/14/2018	
The date of each amendment(s):	idoption:	, if other than the
date this document was signed.		
	/14/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder	
06/14/20	18	
Dated Signature (By a	director, president or other officer – if directors or officers have not been	<u>.</u>
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MARLENE CAMEJO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	