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(Document Number)			
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And

R. WHITE DEC 20 2018 2018 DEC 17 PM 2:52 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATE	ALTHOMA INC					
DOCUMENT NUMBER:	P18000049153					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspond	ence concerning this ma	tter to the following:				
EDU	EDUARDO UELTSCHI					
UEI	TSCHI & CO	Name of Contact Persor	1			
32 8	OSPREY AVE, STE 10	Firm/ Company				
SAR	Address SARASOTA, FL34236					
		City/ State and Zip Code	2			
RA@UEL	rschi.co					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information con	cerning this matter, pleas	se call:				
EDUARDO UELTSCHI		941 at (5498549)			
Name of Co	ntact Person		de & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Florida Depa	irtiment of State:			
■ \$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)			
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assec, FL 32301			

Articles of Amendment to Articles of Incorporation

FILED

ALIHOMA INC	2018 DEC 17 DV -	
(Name of Corporation as current	tly filed with the Florida Dept. of State) PH 2: 52	
P18000044153	SECRETARY OF STATE TAIL MASSEE, FL	
	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s	
. If amending name, enter the new name of the corporation:	·ru	
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
k. Enter new principal office address, if applicable:	935 N BENEVA RD	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	935 N BENEVA RD SARASOTA FL 34232	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	935 N BENEVA RD. 54RASO:4 12 34232	
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	<u>ss:</u>	
Name of New Registered Agent FABLE 710 (UIN CI GUERRA	
att vide		
	treet address)	
New Registered Office Address: 935 N. BENEVARD SARASUTA Florida 3463 (City) (Zip Code		
ew Registered Agent's Signature, if changing Registered Agenthereby accept the appointment as registered agent. I am familiar		
Signature of New	Registered Agent, if changing	
<i>!</i>		

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>c</u>	
X Remove	V	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. 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)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	·
(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, document's effective date on the Department of State's records.	this date will 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 amend by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 sha action was not required.	archolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated 12 11 18 Signature 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(By a director, president or other officer – it directors or officers have in	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	ner court
appointed fiduciary by that fiduciary)	
FABRICIO VINCIGUERRA	
(Typed or printed name of person signing)	
(Title of person signing)	