P180000050150

(Re	equestor's Name)	·· ·		
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SPRING VENTU	RE INVESTMENT CORF	<u> </u>
DOCUMENT NUM	P18000050156		
The enclosed Articles	of Amendment and fee are su	binitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROSALBA CARDONA		
		Name of Contact Person	1
	ATPLUS AT DORAL		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	8180 NW 36TH STREET 5	SUITE 406	
		Address	
	MIAMI, FL 33166		
		City/ State and Zip Code	e
RCA	ATPLUS@HOTMAIL.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ROSALBA CARDO	NA	at (305	406 3800
Name	of Contact Person	at (Area Code & Daytime Telephone Numb	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SPRING VENTURE INVESTMENT CORP

(Name	of Corporation as currently	filed with the Florida Dept, of Sta	te)
P18000050156			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the	e following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "C	To". A professional corporation na	The new or the abbreviation one must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent	OFFICE BOX) ad/or registered office addre		FILED 2010 JULI -9 PM 1:47 SECRE LARY OF STAILE SALL AND ASSEE. FLORIDA
	(Florida stre		
New Registered Office Address:	MIAMI	, Florid:	33172 (Zip Code)
New Registered Agent's Signature, if ellipse I hereby accept the appointment as registered.	tered agent. I am familiar w	ith and accept the obligations of the	position.

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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LUIS EMILIO AVERSA	2400 NW 93RD AVE
X Add			SUITE 8
Remove			DORAL, FL 33172
2) Change	Р	EMILIO AVERSA	2400 NW 93RD AVE
Add			SUITE 8
X Remove			DORAL, FL 33172
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change		_	_
Add			
Remove			
б) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
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<u> </u>			•	
· · · · · · · · · · · · · · · · · · ·				
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	-			
f an amendment provides for an exch	ange, reclassificatio	n, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	adment il not contai	ined in the amendi	nent itself:	
·				
<u> </u>				
<u> </u>		-		
			· · · · · · · · · · · · · · · · · · ·	
	•			

The date of each amendmen	06/01/2018 t(s) adoption:	, if other than th
date this document was signed	1.	
Effective date <u>if applicable</u> :	06/01/2018	
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat he Department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s ere sufficient for approval.)
	re approved by the shareholders through voting groups. The following stateme ed for each voting group entitled to vote separately on the amendment(s):	nt
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholde	т
action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated(0 1 1 1 8	
	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	t
	LUIS EMILIO AVERSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	