P180000005235

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ENCOMIENDA \	/ENEZUELA CORPORA	TION
DOCUMENT NUN	IBER: P18000065235		
The enclosed Article	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	OMAR A SANDOVAL MU	JICA	
		Name of Contact Perso	n
	ENCOMIENDA VENEZUE	ELA CORPORATION	
		Firm/ Company	
	8333 NW 53 RD SUITE 50	04	
		Address	
	DORAL, FL 33166		
		City/ State and Zip Cod	e
muj	icajose88@hotmail.com		
	. •	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call: 786	557-0305
		at ()
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, 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

ENCOMIENDA VENEZUELA CORPORATION

(Name of Corporation as currently	filed with the Florida Dept. of St	ate)
P18000065235		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts th	ne 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 "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation n	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALLY TO
		一番もこ
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of th	THE STATE OF
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree		
(i turida siree)	addaressy	
New Registered Office Address:(C	, Floric	la (Zip Code)
	**	(12.)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the	vosition.
. , , , , , , , , , , , , , , , , , , ,	,	•
Signature of New Reg	istered 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,

X Change	<u>PT</u> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	JOSE A MUJICA PARRAGA	8865 DELLA SCALA CIRC
X Add			ORLANDO, FL 33836
Remove			
2) Change			
Add			
Remove			
3) Change			·
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
б) Change			
Add			-
Danson			

Attach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	v a

If an amendment provides for an ex	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nendment is not contained in the amendment users.
	
·	

The date of each amendment(s) adoption:, if other	than the
date this document was signed.	
Effective date if applicable:	
tha more than 90 days after amendment file date)	
Note: If the date inscreed in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Signature Son Son Son	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
OMAR A SANDOVAL MUJICA	
(Typed or printed name of person signing)	
President	
(Title of person signing)	