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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MINA PAZMINO CHACON INC DOCUMENT NUMBER: P18000068702 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLARA RIVADENEIRA Name of Contact Person RIVADENEIRA AND ASSOCIATES INC Firm/ Company 2742 SW 8 STREET #201 Address MIAMI FLORIDA33135 City/ State and Zip Code riva@gate.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 6432248

Area Code & Daytime Telephone Number CLARA RIVADENEIRA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation

MINA PAZMINO CHACON INC

(Name of Corporation as currently filed with the Florida Dept. of State)

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Corp" "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contword "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	
A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbree "Corp" "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	viation
(Mailing address MAY BE A POST OFFICE BOX)	
2019	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	, , ,
	ی آ
Name of New Registered Agent	=
	_
(Florida street address)	
New Registered Office Address:	
(City) (Zip Code	9
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar 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 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	S	MIGUEL A. PAZMINO	2742 S.W. 8 STREET #202
Add			MIMI FLORIDA 33135
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
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5) Change			
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Attach additional sheets, if necessary).	(Be specific)
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r an amendment provides for an exch provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	06/06/2019 () adontion:	
date this document was signed.	,,	if other than the
Effective date if applicable:	06/06/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will n Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were s must be separately provided j	upproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 6	6/2019	
Signature	Simena hacon	
(By a	dheathr, president or other officer - if directors or officers have not been	
F41001	ed, by an incorporator - if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)	
	JIMENA CHACON	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	