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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PAULINA INOST	ROSA, P.A.			
DOCUMENT NUMB	ER: P18000081273				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	PAULINA INOSTROSA				
•		Name of Contact Person	1		
	PAULINA INOSTROSA P.A.				
		Firm/ Company			
	500 BRICKELL AVENUE 2				
-		Address			
	MIAMI/F1, 33131				
-		City/ State and Zip Code)		
GREC	G@GGCPACO.COM				
	•	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
GREG GONZALEZ		at (342-3760		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)		
Mailing Address Amendment Section Division of Corporations		Amend Divisio	Address Iment Section on of Corporations		
	Box 6327 hassee FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PAULINA INOSTROSA P.A.

(Name of Corpora	ation as currently filed with the Florida Dept. of Stat	(e)
P18000081273		<u></u> ,
(Doc	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Floridu Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
PAULINA INOSTROSA DIAZ CEBALLOS P.A.		The new
	vord "corporation," "company," or "incorporated" or orp," "Inc," or "Co". A professional corporation nai the abbreviation "P.A."	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL		7:0 6
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE b) D. If amending the registered agent and/or registered agent and/or the new registered. 	tered office address in Florida, enter the name of the	FILED M 8 16
Name of New Registered Agent		
	(Florida strvet address)	
New Registered Office Address:	, Ftorida	
	(City)	(Zīp Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent: t. I am familiar with and accept the obligations of the p	position.
Si	ionature 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>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	<u>Sally Sn</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<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				

amending or adding additional Arti attach additional sheets, if necessary).	
···	
	<u>=</u>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendmen		, if other than the
date this document was signed	10/30/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	nent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	/2018	
Signature	Paulina Insilvosa	
(1 s	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 coppointed fiduciary by that fiduciary)	
	PAULINA INOSTROSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	