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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: RAFAE	EL Ovinter	O INC.	
DOCUMENT NUMBER	- P1800008	F17F		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspon	lence concerning this ma	tter to the following:		
	··· · · · · · · · · · · · · · · · · ·	Luis Qunte	200	_
		Name of Contact Persor	·	_
<u>5</u>) Biocayne P	Firm/ Company		_
	Miami	Floring 3	53132.	_
<u>quinte</u>	Polvio Calos (E-mail address: (to be us	City/ State and Zip Code Me.com ed for future annual report	teguniladolp g ciu	meritus.com
For further information con	cerning this matter, pleas	se call:	4240800.	
Name of Co	intact Person	Area Co	de & Daytime Telephone Numbe	<u></u>
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment 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)	
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Mailing Address

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

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

Articles of Amendment

to

Articles o	f Incorporation		
RAFAEL DUINTP	in TNC		
(Name of Corporation as curr	rently filed with the Florid	la Dept. of State)	
FIEER 0000 RIZIT			
(Document Numb	per of Corporation (if knows		
·	•		
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corport	ation adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
			Tr.
name must be distinguishable and contain the word "corpor" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	or "Co". A professional	incorporated" or the corporation name must	Thenew abbreviation contain the
B. Enter new principal office address, if applicable:	_		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		<u> </u>	<u> </u>
C. P. Arman and Brown I down 16 and Brown In			吾而
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		77.	,
		第一	· 0 /4
		<u> </u>	
		the name of the	1 m + 0 m +
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		the name of the	n on
Name of New Registered Agent		<u> </u>	_
(Floria	la street address)		
New Registered Office Address:		, Florida	
	(City)		(Code)
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obl	igations of the position.	
Signature of N	ew Registered Agent, if cha	nging	_
		C C	

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)

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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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	Title Name	Address
1) Change	75%)	
	casemun Ata sumua scasiq	
X Remove	4	
2)Change	<u> 251. </u>	
Add		
X Remove		
3) Change		·
Add		
Remove		
4) Change		
Add		
Remove	·	-
5)Change		
Add		
Remove		
6)Change		
Add		
Remove		

). (Be specific)	
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		_
		
		
If an <u>ame</u> ndmen <u>t provides for an ex</u>	change, reclassification, or cancellation of issued shares.	
If an amendment provides for an exprovisions for implementing the an	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
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provisions for implementing the an	nendment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	
late 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, this date will document's effective date on the Department of State's records.	I 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 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)	
☐ 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.	
DatedSignature	
(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)	
Luis aintero	
(Typed or printed name of person signing)	
Paraport.	
(Title of person signing)	