Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000186681 3)))



H190001866613ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name : AVILA RODRIGUEZ HERMANDEZ MENA & FERRE LLP Account Number : I20070000136

: (786)594-4102

Fax Number

: (786)554-3375

roren the email address for this business entity to be used for future control report mailings. Enter only one result address $v^{*} \sim v_{*}^{}$

Email Address:_

JUN 1 1 2019

LALBRITTON

COR AMND/RESTATE/CORRECT OF O/D REGION

AMICITIA LIVESTMENTS CORP.

100		THE PERSON NAMED IN COLUMN
Certificate of Status		0
Certified Copy		0
Page Count	,	114
listing of Charge	The second secon	135.00

CHAED

Electronic Filing Menu Corporate Filing Menu

Help

FAX AUDIT NO.H19000188681 3

	Articles of Ar	nendinent			
	Articles of Inc	orporation			
	of				
	CITIA INVESTM	_			
(Name of Corporat		r filed with the Florida	Dept. of State)		
	P180000				
(Docu	inicit Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this F	Florida Profit Corporati	on adopts the fo	ollowing amendm	ent(s) to
A. If amending name, enter the new name of the c	corporation:				
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p." "Inc," or "C	lo". A professional co.	corporated" or rporation name	The ner the abbreviation the abbreviation the thickness contain the thickness of the thickn	J2
B. <u>Ruter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>					
C. Enter new uniling address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2 <u>X</u>)	·			70193
			·- -	•	2019201913
D. If anreading the registered agent and/or registe	red office addre	ss in Florida, enter the	name of the		3 Milo:
new registered agent and/or the new registered	office address;				5
Name of New Registered Agent					
				· · .	O.
	(Florida stree	et address)			
New Registered Office Address:			, Florida		
	(0	City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg	ktered Agent:				
hereby accept the appointment as registered agent.	l em familiar wh	th and accept the obliga	tions of the posi	tion.	
Sign	ature of New Reg	gistered Agent, If changi	ng		

Page 1 of 4

To

FAX AUDIT NO.H19000180681 3

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= Treaturer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Fluorical Officer. If an officerhlirector 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, Saily 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	PT	John Doc		
X Remove	Y	Mike Jones		
_X Add	<u>SY</u>	Sally Swith		
Type of Action (Check One)	<u>Title</u>	Nune	Vqqtcas	
1) Change				
Add				
Remove				
2) Cliango				
^ dd				
Remove				
3) Change		<u> </u>		
Add	-			
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			· · · · · · · · · · · · · · · · · · ·	
າງ Change				
Add				
Remove				

FAX AUDIT NO.H190001886813

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	 -
	—-
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for hyphomenting the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
Article V. Authorized Shares is amended in its entirety to read as follows:	
Article V. Authorized Shnies	
The maximum number of shares that the corporation is authorized to have outstanding at any time is 13,300,000 shares	oľ
common stock having a par value of \$1.00 per share.	

FAX AUDIT NO.1119000180	6681 3	
	loption:	, if other than the
date this document was signed.		
Effective date if noplicable:	(no more than	90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the appartment of State's records.	dicable statutory filing requirements, this date will not be listed as the
Adoption of Anendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The fire of the shareholders.	he number of votes cast for the amendment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders t each voting group entitled	crough voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast		
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directo	ors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.		ithout shareholder action and shareholder
Dated	- Warel =	Hicer of directors or officers have not been
selecje	treetor, president exemera 1, by an incorporator — if in ted fiduciary by that fiducia	the hands of a receiver, trustee, or other court
	Luis F	nrique Hasbun Seiume
	(Typed or print)	ed name of person signing)

Director
(Title of person signing)