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COVER LETTER

TO: Amendment Section

Division of Corporations

y Comercializadora TWC SASP NAME OF CORPORATION: 1000 (SIONES 1900000 3391 DOCUMENT NUMBER

The enclosed Articles of Amendment and fee are submitted for filing.

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Please return all correspondence concerning this matter to the following:

Fortunata Espinoza Name of Contact Person Firm/ Company 2385 NW Executive Center Dr, steloo Address Boca Ruton, FL 3343 (City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fortunata Espinoza at 561, 451-6330 Name of Contact Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount made payable to the Florida Department 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)

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

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Inversiones y Comerci	alizadora two	SAS PA
(<u>Name of Corporation as curre</u>	ntly filed with the Florida Dept. of State)	ADUS
P1900000 3391		
(Document Number	of Corporation (if known) CERETAR	在10月1日前4月1日 GELF七G标用4月
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association." or the abbreviation	"Co" A professional corporation name i	he abbreviation must contain the
B. Enter new principal office address, if applicable:	<u>G907</u> Three Lal <u>CIF</u> Achieve (tos Cir
Principal office address <u>MUST BE A STREET ADDRESS</u>)	CLE Achieve (Saun
	Boca Ration, FL 3	33428
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)		
D. If amending the registered agent and/or registered office ac	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre	<u>\$5:</u>	
Name of New Registered Agent		
	street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age because the appointment as registered agent. I am familia		ion.

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Signature of New Registered Agent, if changing

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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: <u>X</u> Change	<u>PT</u> <u>John Doe</u>	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	<u>SV Sally Smith</u>	
<u>Type of Action</u> (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	S Elizabeth Mortense	en 5550 Glades Rd
Add		Suite 200 C/O Achieve
Kemove		Boca Reton, FL 33431
2) Change	5 Fortunata Espinoza	9907 Three Lakes Cir
Add		C/F Achieve Group BOGA Ration, FL 33428
Remove		DUCA HATEM, PL 359 25
3) Change		
Add		
Remove		
4) Change	<u> </u>	
Add		
Remove .		
57 Change		
Add		······
Remove		
6) Change		
Add		
Remove		

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/3)		9. (Be specific)
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Effective date if applicable:	date this document was signed.
In more than 90 days after amendment file dates Note: If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) (CHECK ONE) Whe shareholders 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) (CHECK ONE) 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	
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