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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: BODEGON CRIO	LLO INC			
DOCUMENT NUMI	P19000008501				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	ALEXEI CALZADA				
		Name of Contact Person	1		
	Firm/ Company				
	1670 55TH AVE CIR E APT				
	Address BRADENTON, FL 34203				
		City/ State and Zip Cod	e		
For further information	E-mail address: (to be us	sed for future annual report	notification)		
ALEXEI CALZADA		at (800-6506		
Name	of Contact Person	Area Co) 800-0300 de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:7		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address Imment Section on of Corporations a Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BODEGON CRIOLLO INC			•
(Name of Corporate	tion as currently filed with the Florida D	Dept. of State)	
P19000008501			
(Docu	iment Number of Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation	n adopts the following	g amendment(s
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the wear "Corp.," "Inc.," or Co.," or the designation "Corword "chartered." "professional association," or the	p," "Inc," or "Co". A professional corp		- pbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
		<u> </u>	25
		<u> </u>	<u> </u>
C. Enter new mailing address, if applicable:		·	
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u></u>		<u> </u>
		\$ 5.00 S.00	<u> </u>
			23 □
		<u> </u>	<u>2</u>
D. If amending the registered agent and/or regist new registered agent and/or the new registered		name of the	
Name of New Registered Agent			
	(Clavida annua addusa)		
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(Zip (Todal
	(e.i,y)	(2.10	.000
New Registered Agent's Signature, if changing Re	egistered Agent:		
I hereby accept the appointment as registered agent.	. I am familiar with and accept the obliga	tions 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: \underline{X} Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		ANUBYS ARIAS	6330 8TH CT E
Add				BRADENTON, FL 34203
XX Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
0 01				
6) Change	· · · ·	_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
				
	·	•		_ _
		-		
		-		
	 			
				· · · · · · · · · · · · · · · · · · ·
				<u></u>
				
				
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification ndment if not contain	n, or cancellation of ned in the amendme	issued shares, nt itself:	
				-

	07/01/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-	7/01/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(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	
07/15/20 Dated	119	
Signature	Her-	
(By a selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ALEXEI CALZADA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	