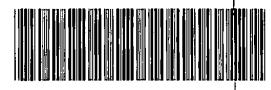
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(Re	equestor's Name)	
(Ac	idress)	<u></u>
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(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bt	ısiness Entity Name	<u>)</u>
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COLIMARKET C	A CORP	
	ER: P19000011165		
The enclosed Articles	of Amendment and fee are so	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	JESUS E ARCILA AYALA		
•		Name of Contact Perso	n
	PRESIDENT		
•	-	Firm/ Company	
	10262 NW 71ST TERRA		
		Address	
	DORAL/FLORIDA/33178		
•	-	City/ State and Zip Cod	e
COLI	MARKETCA@GMAIL.CO	M	
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas		7864910448
	of Contact Person		7864910448 ode & Daytime Telephone Number
	the following amount made		-
■ \$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		Amenc Divisio Cliftor 2661 h	Address Iment Section on of Corporations Building Executive Center Circle assec, F1, 32301

Articles of Amendment to Articles of Incorporation of

1	COL	LIN	Л٨	RK∃	 ۲`۸	. ()	\cap	k I)
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(Name of Corneration as gurran	tly filed with the Florida Dept. of	Stata)	—
P19000011165	try med with the righted Dept. of	State)	
(Document Number	of Corporation (if known)		_
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts	the following a	m
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	d" or the abbr	
B. Enter new principal office address, if applicable:	10262 NW 71ST TERRA		
(Principal office address MUST BE A STREET ADDRESS)	DORAE FLORIDA 33178	ELIC PAI	<u>, , , , , , , , , , , , , , , , , , , </u>
	_	TV	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10262 NW 71ST TERRA	- E	n 0
	DORAL FLORIDA 33178		2: Ub
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre Name of New Registered Agent		the	_
(Florida s	treet address)		
New Registered Office Address:	, Flo	rida	_
	(City)	(Zip Coa	le)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent.—I am familian		he position.	
Signature of New	Registered Agent, if changing		

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice i Executive Officer; CFO a held. President, Treasure, Changes should be noted	and/or D if necess rector titl President = Chief i r, Directo in the fo	tary) The by the first letter of the office title: The Treasurer; She Secretary; Dhe Director; TR The Treasurer: If an officer/director holds mo or would be PTD. Howing manner. Currently John Doe is listed as is orporation, Sally Smith is named the V and S. The	- Trustee; C = Chairman or Clerk; c re than one title, list the first letter c the PST and Mike Jones is listed as th
X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	SAMER CHABAREKH	5085 NW 7TH ST APT 1608
Add			MIAMI, FLORIDA 33126
X Remove			
2) Change	D	JOSE J ANEZ MONIQUE	5085 NW 7TH ST APT 1608
Add			MIAMI, FLORIDA 33126
X Remove			
3) Change	***		
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary).—(Be specific)	
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F. 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/A)	

The date of each amendment date this document was signed	i(s) adoption:	-
Effective date if applicable:	09/19/2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	I not b
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(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	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 shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
DatedC	29/24/19	
Signature	Avialysin	
<u>(I</u>	By a director, president Fother officer – if directors or officers have not been	1
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	JESUS E ARCILA AYALA	
	(Typed or printed name of person signing)	\dagger
	PRESIDENT	
	(Title of person signing)	Ť