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## COR AMND/RESTATE/CORRECT OR O/D RESIGN INVERSIONES APN CORP.

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TO: Amendment Section

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## COVER LETTER

Official of Corp	Orations		
NAME OF CORPOR	RATION: INVERSIONES	APN CORP.	
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are s	ubmitted for filing,	·
Please return all corre	spondence concerning this m	atter to the following:	
	Carlos J. Villanueva, Esq.		
		Name of Contact Perso	n
	Carlos J. Villanueva, P.A.		
		Firm/ Company	
	2525 Embassy Drive, Suite	16	
		Address	
	Cooper City, FL 33026		
		City/ State and Zip Cod	le
cvilla	nueva@unalcy.com		
	<del>-</del>	sed for future annual report	patification
	•		
For further information	n concerning this matter, plea	se call:	
Jessica Perdomo		at (954	<b>433-9600</b>
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dept	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Cls43.75 Filing Pee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Amend	Address ment Section
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314			xecutive Center Circle
			ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

INVERSIONES APN CORP.		
(Name of Corpo	ration as currently filed with the Florida Dept. of State	)
P190000235!1		
. (Do	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flants Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the f	ollowing amendment(s)
A. If amending name, enter the new name of the	be corporation:	
		æ.
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	word "corporation," "company," or "incorporated" of Corp," "Inc," or "Co". A professional corporation name the abbreviation "P.A."	The new representation the must contain the
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>		
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	<del></del>
		TAE #
		Civil Na
		- <del>***</del>
D. If amending the registered agent and/or reg new registered agent and/or the new register	vistered office address in Florida, enter the name of the ered office address:	
Name of New Registered Agent		
Hame of New Rexistered Agent		<u> </u>
	(Florida street address)	<del>- 플</del> 슈 🗜
N. B. W. Jon All		> '
New Resistered Office Address:	, Florida, Florida	(Zip Code)
·		, , , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: int. I am familiar with and accept the obligations of the po	sition.
	Signature of New Resistancel Asset if should	·
•	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.

X Change	PT	John Doe	
X Remove	Ÿ	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Margarita M. Isaza	2400 M ST NW APT#418
X Add			Washington, DC 20037
Ксточе			
2) Change			25 19 H
Add			₩
Remove			- 2 P
3) Change			<del> </del>
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4) Change			
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Remove	•		·
5) Change			
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6) Change	14.m=n	<del></del>	
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Remove			

ttach additional sheets, if necessary). (Be specific)	
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	SECKE WASS
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## H19000166474

May 16, 2019 The date of each amendment(s) adoption:	ir a	ther than th
date this document was signed.		met tuan fu
May 16, 2019 Effective date if applicable:		
(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 videoument's effective date on the Department of State's records.	will not be	listed as th
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)		
(voting group)	ელი ქლი —	<u>.</u>
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		TI
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		)   T
Dated Imp X, 2019 Signature	OF STATE	5 0
Signature		-
(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)	_	
Carlos J. Villanucva		
(Typed or printed name of person signing)	<del></del> -	
Secretary		
(Title of person signing)		

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