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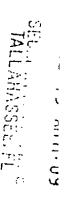
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: THREE ONE INV	ESTMENTS INC	
DOCUMENT NUMBER	D10000040071		
The enclosed Articles of A	mendment and fee are su	abmitted for filing.	
Please return all correspon	dence concerning this ma	itter to the following:	
CA	RLOS M LEYVA		
		Name of Contact Person	1
TH	REE ONE INVESTMEN	TS INC	
		Firm/ Company	
136	47 SW 112TH LN		
		Address	
MIA	AMI, FLORIDA, 33186		
<u></u> -		City/ State and Zip Code	2
CARLOS	@INTEAGRO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information cor	ncerning this matter, pleas	se call:at (305	905 9528
Name of Co	ontact Person		de & Daytime Telephone Number
		payable to the Florida Depa	•
\$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)
Amendm Division P.O. Box	Address ent Section of Corporations : 6327 sec, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assec, F1, 32301

Articles of Amendment to Articles of Incorporation of

THREE ONE INVESTMENTS INC

(Name of Corpor	ation as currently filed with the Florida Dept. of State)
P19000048861	
(Do	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the a orp," "Inc," or "Co". A professional corporation name must the abbreviation "P.A."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
	<u> </u>
	77
*	
D. II amending the registered agent and/or regi- new registered agent and/or the new register	stered office address in Florida, enter the name of the ed office address:
	
Name of New Registered Agent	
	(Florida street address)
	(E SIN IAM SIN CES AND CSS)
New Registered Office Address:	, Florida, (City)
	(City) (Ap
New Registered Agent's Signature, if changing I	
I hereby accept the appointment as registered agen	t. I am familiar with and accept the obligations of the position.
	gnature of New Registered Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed a 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 (Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is liste a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Do Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) X Change	Р	EMILIO CARDONA LOPEZ	#10 COLONIA SAN JU/	
Add			POTOSI, BO SANTA A	
Remove			PEDRO SULA, CO. 211	
2) Change	D	CARLOS M LEYVA	13647 SW 112TH LN	
X Add	·		MIAMI FL. 33186	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	eets, if necessary).	(<i>ъе ѕрес</i> ілс)			
		 			
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	ovid e s for an exchar	ige, reclassificatio	n, or cancellation	n of issued share	<u>.s.</u>
an amendment pro				-l	
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an amendment pro rovisions for imple (if not applicable	ementing the amend	ment if not conta	ined in the amer	ament usen:	
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The date of each amendment(s) date this document was signed.	adoption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will Department of State's records.
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.
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(Young 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
JULY 31	ST OF 2019
Signature	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	EMILIO LOPEZ CARDONA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)