P19 000049753

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _	CORPORACION OLIMPICA TRICOLOR, INC				
DOCUMENT NUMBER: P19000049753					
The enclosed Articles of Amendme	nt and fee are submitted for filing.				
Please return all correspondence co	ncerning this matter to the following:				
	RAMON ARTURO CASTILLO BLANCO				
	, Name of Comact Person				
£	Janou Titro Castillo				
	Firm/ Company				
COUVOISIER CENTER 601 BRICKELL KEY DRIVE					
Address					
	MIAMI, FL 33131				
	City/ State and Zip Code				
	artufvkd@gmail.com				
E-mail	ddress: (to be used for future annual report notification)				
For further information concerning					
Name of Contact Po	LLO BLANCO at (+58 414) 746.06.21 son Area Code & Daytime Telephone	Number			
	g amount made payable to the Florida Department of State:				
-	5 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status (Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Sect Division of Corp	rations Division of Corporations				
P.O. Box 6327 Tailahassee, FL 3	The Centre of Tallahassee 2314 2415 N. Monroe Street, Suite Tallahassee, FL 32303	2415 N. Monroe Street, Suite 810			

Articles of Amendment Articles of Incorporation of CORPORACION OLIMPICA TRICOLOR INC

	RACION OLIMPICA TRICOLOR, INC.
(Name of Corporat	on as currently filed with the Florida Dept. of State) (1911) 54
	P19000049753
(Docur	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
COMITE OLI	MPICO VENEZOLANO C.A. INC The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
D. If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sign	ature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:	D.T.		
X_Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			_ /
Add			/
Remove			
4) Change			_
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change		/ _	
Add			
Remove	,		

(Attach additional sheets, if necessary).	(Be specific)
	•
	CHANGE BUSINESS NAME
	CHANGE DOSINESS NAME
-	
	n de de la companya
oravisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

		02/06/2020	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.			
		01/01/2020	
Effective date if applicable:			
	(no more than 96	days after amendment file date)	
	is block does not meet the applicate Department of State's records.	able statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or b	poard of directors without sharehold	ler action and shareholder
■ The amendment(s) was/were by the shareholders was/we		number of votes cast for the amen	dment(s)
		ough voting groups. The following vote separately on the amendment(s	
"The number of votes	cast for the amendment(s) was/wer	re sufficient for approval	
by			
,	(voting group)		
	02/06/2020		
Dated		_ 	
/ Signature	Damon Artors	Dartille	
		er - if directors or officers have no	t been
sel	ected, by an incorporator - if in the	e hands of a receiver, trustee, or oth	
арі	oointed fiduciary by that fiduciary)		
	RAMON ARTURO CAS	TILLO BLANCO	
	(Typed or printed r	name of person signing)	
	TREASURER		
	(Title of person sig	gning)	