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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALEN SOCIEDAI	D DE COMERCIALIZACIO	ON INTERNACIONAL CO
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jose Leon		
		Name of Contact Person	
	LBS Leon Business Services	LLC	
		Firm/ Company	
	8333 West McNab Road Suit	ie 115	
		Address	
	Tamarae Florida 33321		
		City/ State and Zip Code	
tle of	fice@leonbusineservices.com		
——————————————————————————————————————	_	sed for future annual report r	natification)
	is man detailed to the terminal	The state of the s	,
For further informatio	n concerning this matter, pleas	se call:	
Jose Leon LBS		954 at (_)323-9074
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depar	rtment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	~
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amendi Division Clifton	Address ment Section n of Corporations Building secutive Center Circle
			ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALEN SOCIEDAD DE COMERCIALIZACION INTERNACIONAL CORP

(Name of Corporation	n as currently filed with the I	lorida Dept. of State) 3 1/110. 5
P19000062500		
(Docume	ent Number of Corporation (if k	cnown)
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this <i>Florida Profit Co</i>	prporation adopts the following amendment(s
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	""Inc," or "Co". A professio	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered or		nter the name of the
Name of New Registered Agent		
 -	(Florida street address)	
New Registered Office Address:		, Florida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept th	ne obligations 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, 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 Clerk; CEO = Cl. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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: X Change		John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Maithe Luisbet Martinez Contreras	815 Cotton Bay Drive
x Add			West Palm Beach FL 33406
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amendment provides for an exchange, reclassification, or cancellation of	<u>of issued shares</u>	5.
isions for implementing the amendment if not contained in the amendment $(if not applicable, indicate N/A)$	nent itself:	
if not applicable, indicate N/A)		
	·	****

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	 .
(no more than 90 days after amendment file dat	r)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	its, this date will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the an by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
shareholders	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	cholder
09/10/2019 Dated	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Maithe Contreras	
(Typed or printed name of person signing)	
Vicepresident	
(Title of person signing)	