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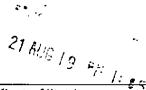
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: AQUINO INVEST	TMENTS SERVICES COR	<u></u>	
DOCUMENT NUN	P19000075969			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	David Bauer			
		Name of Contact Person	1	
	Bauer Gutierrez & Borbon PLLC			
		Firm/ Company		
	814 Ponce de Leon Blvd, Su	ite 210		
		Address		
	Coral Gables, FL 33134			
		City/ State and Zip Cod	e	
	upierrecharlesjr@gmail.com			
		sed for future annual report	notification)	
For further informati David Bauer	on concerning this matter, plea	se call:		
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



AQUINO INVESTMENTS SERVICES CORP

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)
P19000075969		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The _new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:		814 Ponce de Leon Blvd, Suite 210
(Principal office address MUST BE A S		Coral Gables, FL 33134
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		814 Ponce de Leon Blvd. Suite 210
		Coral Gables, FL 33134
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	David Bauer, Esq.	
	814 Ponce de Leon Blvd.	Suite 210
	(Florida st	reet address)
New Registered Office Address:	Coral Gables	, Florida 33134
		(City) (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	ered agent. I am familial	that and accept the obligations of the position. When the continue of the position of the position. 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)

Add

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: X Change <u>PT</u> John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones \underline{X} Add SV Sally Smith Type of Action <u>Title</u> Name Address (Check One) Joby L. Aguino Gomera 18340 NW 62 Ave, Apt 402 1) ____ Change Hialeah, FL 33015 ___ Add Remove Ulrick Pierre-Charles 2410 SW 52 Avenue 2) ____ Change West Park, FL 33023 Add Remove Change Add Remove 4) ____ Change ___ Add _ Remove 5) ____ Change ___ Add Remove 6) ____ Change

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provisions for i	nt provides for an exclimplementing the ame	nange, reclassificati	on, or cancellation	i of issued shares, iment itself:	
(if not appl	icable, indicate N/A)				
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			-		
	-				

	July 26, 2021	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date,	,
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement ment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareh-	older action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were suffici-	by the shareholders. The number of votes cast for the ament for approval.	endment(s)
	ed by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
selected, by appointed fi	or, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, or oduciary by that fiduciary) ck Pierre-Charles (Typed or printed name of person signing)	
Pres	sident	

(Title of person signing)