P19000 079 103

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C. GOLDEN

DEC - 7 2019

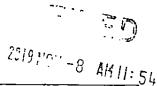
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CURESEF	U CORP.					
OCUMENT NUMBER: P19000079103							
The enclosed Articles of Amena	ment and fee are su	bmitted for filing					
Please return ail correspondence	concerning this mat	tter to the followi	ng:				
	EDUARD	O GONZALE	Z				
	Name of Contact Person						
	GONZALEZ, ROBLEDO AND COMPANY						
	Firm/ Company						
3901 NW 79th. AVENUE, SUITE 104							
	Address						
	DORAL,	FL 33166					
		City/ State an	d Zip Code				
	ESGCPA	A@BELLSOU	JTH.NE	Т			
E-m	ail address: (to be us						
For further information concern		se call:					
EDUARDO GON		at (305	477-6969 de & Daytime Telephone Number			
Name of Contact	: Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the follo	wing amount made	payable to the Flo	orida D e pa	rtment of State:			
5	3.75 Filing Fee & ertificate of Status	S43.75 Filin Certified Co (Additional of enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CURESEFU C	ORP
(Name of Corporation as currently filed	
P19000079103	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	mnany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	lorida, enter the name of the
Name of New Registered Agent	
(Florida street addre	255)
New Registered Office Address: (City)	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and	accept the obligations of the position.
Signature of New Registered	d 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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i)Change	P	ALEJANDRO MARTIN VILA	3785 NE 168 STREET
X_Add			NORTH MIAMI BEACH, FL 33160
Remove			
2) X Change	D, V, T	MARIA GABRIELA SEGURA	3785 NE 168 STREET
Add			NORTH MIAMI BEACH, FL 33160
Remove			
3) X Change	D,S	LEONARDO CUCCI	3785 NE 168 STREET
Add			NORTH MIAMI BEACH, FL 33160
Remove			
A) CI			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
-	
	
an amendment provides for an excha	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
•	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inscried in this block does not meet the applicable statutory filing requirements, this date wild document's effective date on the Department of State's records.	ill not be listed as the
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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated OCTOBER 31, 2019	
(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)	
MARIA GABRIELA SEGURA	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	