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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Lau	Inion Conci	rete line.
DOCUMENT NUMB		····	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	William	Name of Contact Person	1
	La Unio	Firm/Company	te Ini
	910 Brena V	ista Dr Address	
			; <del>04</del>
		11.am @yahoo. (o) ed for future annual report	
For further informatio	n concerning this matter, pleas	se call:	
William Name	Uriostegui of Contact Person	at ( <u>850</u> Area Coo	de & Daytime Telephone Number
	r the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation

of , , , , ,	, ,	
	wete Inc	
(Name of Corporation as currently fi	ded with the Florida Dept. of State)	
P2000009607		
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following a	imendment(s) to
A. If amending name, enter the new name of the corporation:		
	7	The new
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pi "chartered," "professional association," or the abbreviation "P.A."	ipany," or "incorporated" or the abbreviation	"Corp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE CALL AHE STA	7029
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	, O
Name of New Registered Agent	<del></del>	
(Florida street o	address)	
New Registered Office Address: (Cit	tyr Zip Coc	<del>les</del>
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.	
Cinnatura of Man. Danie	stered Agent, if changing	
Agnature of New Regis	mereu agem, y enamging	
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: <u>X</u> Change	<u>PT</u>	John Dog	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Jose Uriostagni	1153 Comarch Ln
Add		·	Tallahassee IL 32304
🔀 Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change		<u> </u>	
Add			
Remove			
6)Change		_	
Add			<del></del>
D			

		(cessary). (E	, enter change(s) he	<u></u> .		
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F,	15 / Eurina	the	Unicotegni corporation			
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If an ame	ndment provides fo	or an exchang	e, reclassification, o	or cancellation of is	sued shares.	
provision	as for implementin	g the amendn	e, reclassification, c			
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The date of each amendment(s) adoption date this document was signed.	on: 2 .7 7020	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendm	.27 1
	(no more than 90 days after amenam	ent fue date)
Note: If the date inserted in this block of document's effective date on the Departn		requirements, 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 wi	thout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes ca nt for approval.	st for the amendment(s)
	I by the shareholders through voting groups, voting group entitled to vote separately on the	
"The number of votes east for th	e amendment(s) was/were sufficient for appr	roval
by william Ilei	(voting group)	·"
Dated <u>62-67</u> -	-2020	
selected, by	r, president or other officer – if directors or of an incorporator – if in the hands of a receiver ductary by that fiductary)	
10	(Typed or printed name of person sign	ing)
_É	(Title of person signing)	