Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LENSUR CORP Account Number : I20180000038 Phone : (305)364-8824 Fax Number : (305)364-8824

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addres	5;
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COR AMND/RESTATE/CORRECT OR O/D RESIGN UNFOLD SAIL CORP

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S. PRATHER

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: UNFOLD SAID	CORP
DOCUMENT NUMBER: P200000021233	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
LOURDES SOFIA MAR	TINEZ
	Name of Contact Person
PRESIDENT	
	Firm/ Company
6447 MIAMI LAKES DR	LESTE 103 F
	Address
MIAMI LAKES, FL 3301	4
	City/ State and Zip Code
unfoldsaild@hotmail.com	ı
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	olease call:
LOURDES SOFIA MARTINEZ	305 9160697
Name of Contact Person	at (305) 9160697 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	
\$35 Filing Fee Certificate of Statu	-
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

SECRE JARY OF STATE ALLAHASSEE, FLORIG

Articles of Amendment to Articles of Incorporation of

UNFOLD SAIL CORP			P .
(Name	of Corporation as current	iv filed with the Florida De	ept. of State)
P20000021233			
	(Document Number of	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)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cochartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp.,"
B. <u>Enter new principal office address.</u> (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent an new registered agent and/or the ne	w registered office addres	Li	name of the
Name of New Registered Agent	LOURDES SOFIA MAR	IINEZ	
	6447 MIAMI LAKES DR	E STE 103 F	
	(Florida si	reet address)	
New Registered Office Address:	MIAMI LAKES		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis	tered agent. I am familiar	t: with and accept the obligati	
Check if applicable	<i>"</i>		

☐ 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 numed 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 PT John Doc X Remove V Mike Jones _X Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) LOURDES SOFIA MARTINEZ 6447 MIAMI LAKES DR E 1) ____ Change XX Add STE 103 F MIAMI LAKES, FL 33014 ____ Remove SANDRA MABEL DIAZ 7500 NW 25TH ST 2) ____ Change **UNIT 246** ____ Add XX MIAMI, FL 33122 Remove 3) ____ Change ____ Add Remove Change __ Add _ Remove 5) ____ Change __ Add ___ Remove 6) ____ Change ____ Add Remove

n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment liself: (If not applicable, Indicate N/A)	tach <i>additiona</i>	il sheets, if necessary	v). (Be specific)	i			
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	09/29/2021		_	
The date of each amendment(s) ado	ption:	, if othe	r than	the
date this document was signed.	****			
Effective date if applicable:	2021			
Enecute date if applicable.	(no more than 90 days after amendment file date)		_	
Note: If the date inserted in this blo document's effective date on the Dept	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be lis	sted as	the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action and	sharehold	ler	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.			
must be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): or the amendment(s) was/were sufficient for approval	SEGRETARY VALLAHA8SE	2021 SEP 29	<u>T</u>
	(voting group)	333	Ğ	
09/29/2021 Dated	a mi)F STATE . FLORID,	AM 11: 22	ED
Signature		>	10	
(By a directed,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_		
I	OURDES SOFIA MARTINEZ			
	(Typed or printed name of person signing)	•	_	
P	RESIDENT			
_	(Title of person signing)		_	