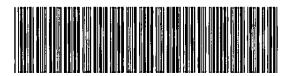
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: (1 fe 100	+ Femoplus+	Corp.
DOCUMENT NUMBI	er: <u>P20000050</u>	731	·
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
For further information	2875 NF Aventura 1	Name of Contact Person Firm/ Company 191 5+ 5u1 Address L. 33180 City/ State and Zip Code see call:	± 500
N	Contact Person	at () de & Daytime Telephone Number
	the following amount made		
. <i>t</i>	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ng Address dment Section on of Corporations 30x 6327 nassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment fo Articles of Incorporation of

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(Name of Corporation as currently filed with the Florida Dept. of State)

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	(Document	Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida St	nutes, this <i>Flor</i>	rida Profit Corporation	adopts the following	ng amendment(
A. If amending name, enter the new na	me of the corpo	oration:			
N/A					The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc." or	"Co". A pr	pany," or "incorporate ofessional corporation	ed" or the abbreviat is name must conta	ion "Corp.," un the word
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>		- E <u>SS</u>)	N/A		
C. Enter new mailing address, if applic	cable:	-	1 /		702
(Mailing address MAY BE A POST (D/A		
		_			<u> </u>
					<u>ت</u>
D. If amending the registered agent and new registered agent and/or the new			in Florida, enter the	name of the	-
Name of New Registered Agent	Maite	Pivero	>		ڡٙ
	2875 N	le 19151 (Florida sirce)	Suite 500		_
New Registered Office Address:	Aventu	ra		.Florida 33	180
	-	(Cit	V)	(Zi _f .	Code)
New Registered Agent's Signature, if chair the Agent's Agent as registed the Appointment as registed the Agent's Agent as registed the Agent's Agent	ered agent l ar	n famither with	and accept the obligat		
Clycck 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)

Example:

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 Doc 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> <u>John</u>	Doe	
X Remove	V Mike	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P.</u>	Juan M. Gonzalez	2875 NE 1915+ Suite 500
Add Remove	_		Aventura FL 33180
2) Khange Add	_P.T	Maite Rivero	2875 NE 191 St Suite 500 Aventum FL 33180
Remove 3) Change			
Add			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

Attach <i>additio</i>	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
alla		
<u> </u>		
<u> </u>		
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		···
<u>lf an amendn</u>	tent provides for an exchange, reclassification, or cancellation of issued shares,	
(if not ar	or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)	
4 / /A .	, , , , , , , , , , , , , , , , , , ,	
/V / PC		
•		
		
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
Signature (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 courappointed fiduciary by that fiduciary) (Typed or printed name of person signing)	
(Title of person signing)	
(rate or person signing)	