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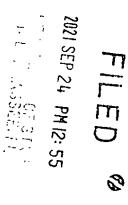
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ACQUARICCA, E	NC.			
DOCUMENT NUM					
	of Amendment and fee are su	bmitted for filing.			
Piease return all corre	spondence concerning this ma	tter to the following:			
	DANIEL DIAZ DE LA ROC	НА			
		Name of Contact Person	1		
	DANIEL DIAZ DE LA ROC	CHA, CPA			
		Firm/ Company			
	290 NW 165 ST., M100				
		Address			
	MIAMI, FL 33169				
		City/ State and Zip Code	2		
	DANDELAROCHA@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
DANIEL DIAZ DE L	А ROCHA, СРА	305	949-9155		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 ?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

ACQUARICCA, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P20000	0085710
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>:</u>
Acqua di Palma, Inc.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	The state of the s
C. Enter new mailing address, if applicable:	in the second se
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addr.	
	<u>(555)</u>
Name of New Registered Agent	
f lorida	i street address)
New Registered Office Address:	, Florida (City)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
Signature of New	w 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)

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	<u>V</u>	Mike Jones		
X_Add	_ <u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add			_	
Remove				
4) Change				
Add		-		
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	(Attach ad	ing or adding additional Additional Additional sheets, if necessary	y). (Be specific)			
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)						
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(if not applicable, indicate N/A)	If an ame	endment provides for an e	xchange, reclassifica	tion, or cancellation	of issued shares,	
	(if n	ons for implementing the a not applicable, indicate N/A)	mendment it not con	manieu in the ament	intent itsen:	
		••				

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The date of each amendment(s date this document was signed.) adoption:	, if other than the
C		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file o	data
	(no more man 50 days after amenament fae t	uaiv)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sh	archolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The foll for each voting group entitled to vote separately on the amend	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/07/20	21	
Dated	Phelix	
(By) selec	director, president or other officer – if directors or officers he sted, by an incorporator – if in the hands of a receiver, trustee, binted fiduciary by that fiduciary)	ave not been , or other court
	MARIA A. GOICETTI SOSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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