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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	otless Auri Corp.
DOCUMENT NUMBER: P 7	20000094487
The enclosed Articles of Amendment and fee are subm	nitted for filing.
	Antonio Santano Cepero Name of Contact Person SPOTTLESS Auri CCP. Firm/ Company NW 186th ST AP4 F404 Address Cami F1 3 3015 City/ State and Zip Code
E-mail address: (to be used	Potless auri @ cotlook. com
For further information concerning this matter, please Antonio Sent Name of Contact Person	call: 202 at (786) 663 977 9 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

(Name of Corporation as (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida, (Civ) (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 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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P \neq President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO + Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Add CePero HPto FYCY	X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
Type of Action (Check One)	X Remove	<u>V</u> <u>Mik</u>	2 Jones	
(Check One) 1)	<u>X</u> A d d	<u>SV</u> <u>Sally</u>	<u>/ Smith</u>	
	(Check One) 1) Change	Title	Antonio Santana	6955 nw 186th 5
Remove	Remove 2) Change			
4) Change	Remove 3) Change			
5) Change	4) Change			
6) Change	5) Change			
Remove	6) Change Add			

	(Be specific)			
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The date of each amendment(s) adoption:date this document was signed.	12-15-7070	, if other than th
Effective date if applicable:	12-15-7070	
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requirements, this date versions of the seconds.	will not be listed as th
Adoption of Amendment(s) (CHECK	CONE)	
The amendment(s) was/were adopted by the incoraction was not required.	porators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	cholders. The number of votes cast for the amendment(s) aval.	
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group	reholders through voting groups. The following statement p entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment	nt(s) was/were sufficient for approval	
by		
(voting gi	<i>го</i> цр)	
Dated 2/2	-15-7070	
	lu I	
Signature (By a director, president	or other officer – if directors or officers have not been	
selected, by an incorpora	ator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by the	nat fiduciary)	
	Auxka Diaz	
(Туре	d or printed name of person signing)	
	VP	
(Title	of person signing)	