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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations	•			
NAME OF CORPORATION: _		Nostra Inc	·	
DOCUMENT NUMBER:	P2100	0022318		
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.		
Please return all correspondence of	oncerning this ma	tter to the following:		
		Alvarado Name of Contact Perso	n	
		A Nostra Inc Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	5855	• •	٨	
		Covington Way	<u> </u>	
		City/ State and Zip Cod	c	
Selvanostra hotmail-com E-mail address: (to be used for fixure annual report notification)				
For further information concerning this matter, please call:				
Tatiana Alva	•	at (<u>941</u>	724-0130	
Name of Contact F	'erson	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
_	.75 Filing Fee & ificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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

EILE

Selva Nostra	Trc
(Name of Corporation as currently	filed with பிடிஅடித்து ஹாபுர் Septe 7
P2100002	2318 cm
(Document Number of	Corporation (if known): UF STATE
Pursuant to the provisions of section 607,1006. Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "contain the word "corporation," "contain the word "corporation," "chartered," "professional association," or the abbreviation "P.A."	ompany," 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)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
Name Descriptions of OWN and Additional	, Florida
New Registered Office Address;	City) (Zip Code)
Name Descriptional Assessed Company of Shanning Descriptional Assessed	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Complement Comp.	and drawn I do not be drawn in a
Signature of New Re	gistered 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 = 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP.	Luis Alberto Flores Melendiz	Sarasota, FL
Remove 2) Clunge			34232
Add Remove 3.) Change			
AddRemove 4)ChangeAdd			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

attach <i>addition</i>	al sheets, if necessary)). (Be specific)			
					·-····
·	.				
					
an amendme	nt provides for an ex	change, reclassifica	ition, or cancellat	ion of issued share	<u>'S,</u>
<u>provisions for</u>	nt provides for an eximplementing the an licable, indicate N/A)	nendment if not cor	<u>atained in the am</u>	<u>endment itself:</u>	
(if not app	licable, indicate N/A)				
		 			
	· -·				
					

.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 03/17/2	021
(no more than 90 day)	321 s after amendment file date)
Note: If the date inscrted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by	•
(voting group)	
Dated 03/17/2021 Signature Hatiana Alow	-
Hatiana Align	indo
Signature (By a director, president or other officer – i	f directors or officers have not been
selected, by an incorporator – if in the hand	
appointed fiduciary by that fiduciary)	
Tatiavia Alv (Typed or printed name	arado
(Typed or printed name	of person signing)
President	
(Title of person signing	