## P21 00000 47035

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| PICK-UP                 | WAIT                 | MAIL             |
|                         |                      |                  |
|                         | siness Entity Nan    | ne)              |
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| (7)                     |                      |                  |
| (Do                     | cument Number)       |                  |
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| Certified Copies        | Certificates         | of Status        |
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| Special Instructions to | Filing Officer:      |                  |
| opecial instructions to | i liling Officer.    |                  |
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## COVERLETTER

TO: Amendment Section

| Division of Corp        |  |   |   |
|-------------------------|--|---|---|
| NAME OF CORPO           | RATION: CORAL SEA INV  | ZESTMENT CORP.  |   |
|                         | BER: P21000047035  |   |   |
| The enclosed Articles   | s of Amendment and fee are su  | abmitted for filing.  |   |
| Please return all corre | espondence concerning this ma  | atter to the following:   |   |
|                         | ARIADNA OJEDA  |   |   |
|                         |  | Name of Contact Person  | n   |
|                         | AYUDA CENTER   |   |   |
|                         |  | Firm/ Company   |   |
|                         | 8230 CORAL WAY   |   |   |
|                         |  | Address   |   |
|                         | MIAMI, FL 33155  |   |   |
|                         |  | City/ State and Zip Cod   | e   |
|                         | AOJEDA@AYUDACENTE  | R.COM   |   |
|                         | _  | sed for future annual report                                      | notification)   |
|                         |  | •   | ,   |
| For further information | on concerning this matter, plea  | se call:  |   |
| ARIADNA OJEDA           |  | at ( 305  | 971-5232  |
| Name                    | of Contact Person  | Area Co   | de & Daytime Telephone Number   |
| Enclosed is a check fo  | or the following amount made   | payable to the Florida Depa                                       | artment of State:   |
| ■ \$35 Filing Fee       | □\$43.75 Filing Fee &<br>Certificate of Status   | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |
| Am<br>Div<br>P.O        | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>The Co  | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |
|                         |  |   | ssee, FL 32303  |

## Articles of Amendment to Articles of Incorporation of

| CORAL SEA INVESTMENT CORP  |  |                    |
|--|--|--------------------|
| (Name of Corporation as currently  | filed with the Florida Dept. of State)   |                    |
| P21000047035   |  |                    |
| (Document Number of  | Corporation (if known)   |                    |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | lorida Profit Corporation adopts the following am  | endment(s) to      |
| A. If amending name, enter the new name of the corporation:  |  |                    |
|  | The  | new                |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A." | mpany," or "incorporated" or the abbreviation "C<br>professional corporation name must contain the | lorp.,"<br>word    |
| 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)  |  |                    |
|  |  | <u> </u>           |
| D. If amending the registered agent and/or registered office address:  | ss in Florida, enter the name of the   |                    |
| Name of New Registered Agent   |  |                    |
| (Florida stree   | t address)   |                    |
| New Registered Office Address:   | . Florida  |                    |
|  | City) (Zip Code)   |                    |
|  |  |                    |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar was  | th and accept the obligations of the position.   | N 20               |
|  |  | 10));<br>21 JUN 16 |
| Signature of New Re-   | gistered Agent, if changing  | <del></del>        |

Check if applicable

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 = ChiefExecutive 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:<br>XChange      | <u>PT</u>    | John Doe    |                       |            |                             |
|--------------------------|--------------|-------------|-----------------------|------------|-----------------------------|
| X Remove                 | <u>V</u>     | Mike Jones  |                       |            |                             |
| _ <u>X</u> Add           | <u>sv</u>    | Sally Smith |                       |            |                             |
| Type of Action           | <u>Title</u> | <u>Nan</u>  | <u>ne</u>             |            | Address                     |
| (Check One)  1) X Change | D            | МА          | ARGARITA S CRUZ TAGLE |            | 420 SW 7TH STREET, STE 1014 |
| Add                      |              |             |                       |            | MIAMI, FL 33130             |
| Remove                   |              |             |                       |            |                             |
| 2) Change                |              | _           |                       | _          |                             |
| Add                      |              |             |                       |            |                             |
| Remove 3) Change         |              |             |                       |            |                             |
| Add                      |              |             |                       |            |                             |
| Remove                   |              |             |                       |            |                             |
| 4) Change                |              |             |                       | _ <b>-</b> |                             |
| Add                      |              |             |                       |            |                             |
| Remove                   |              |             |                       |            |                             |
| 5) Change                |              |             | <u></u>               |            |                             |
| Add                      |              |             |                       |            |                             |
| Remove                   |              |             |                       |            | <u> </u>                    |
| 6) Change                |              |             |                       |            |                             |
| Remove                   |              |             |                       |            |                             |

| mending or adding additional Art ach additional sheets, if necessary). | (Be specific)          |                   |                   |                 |              |
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| n amendment provides for an excl                                       | nange, reclassificatio | n, or cancellatio | of issued shares, |                 |              |
| ovisions for implementing the amo                                      | ndment if not contai   | ined in the amen  | dment itself:     |                 |              |
| (if not applicable, indicate N/A)                                      |                        |                   |                   |                 |              |
|  |                        |                   |                   |                 |              |
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|  |                        |                   |                   |                 |              |

| The date of each amendment(s) date this document was signed.          | adoption:  | , if other than the              |
|---|--|----------------------------------|
| Effective date if applicable:   |  |                                  |
|   | (no more than 90 days after amendment file date)   |                                  |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this department of State's records.  | s date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                                  |
| ■ The amendment(s) was/were ac<br>action was not required.            | lopted by the incorporators, or board of directors without shareholder   | action and shareholder           |
| ☐ The amendment(s) was/were ac<br>by the shareholders was/were        | lopted by the shareholders. The number of votes cast for the amendm sufficient for approval.   | ent(s)                           |
|   | oproved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):   | tement                           |
| "The number of votes cas  | t for the amendment(s) was/were sufficient for approval  |                                  |
| by  | · · · · · · · · · · · · · · · · · · ·  |                                  |
|   | (voting group)   |                                  |
| 06/02/202<br>Dated<br>Signature                                       |  |                                  |
| select  | director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary) |                                  |
|   | ANDRES PEREZ   |                                  |
|   | (Typed or printed name of person signing)  |                                  |
|   | PRESIDENT  |                                  |
|   | (Title of person signing)  |                                  |