## Pal000054170

(Re	equestor's Name)	
(Ad	(dress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	R	ceived 08116121
		08/16/21

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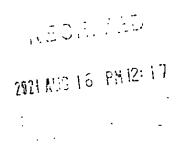
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08/17/21--01006--007 \*\*10.00

06/21/21--01019--007 \*\*25.00







FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2021

ROXANA DIAZ 999 BRICKELL AVE SUITE 820 MIAMI, FL 33131

SUBJECT: MIAMI FAMBA 1 CORP

Ref. Number: P21000054170

We have received your document for MIAMI FAMBA 1 CORP. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00.

The form you submitted is for a FLORIDA LLC, but your entity is a FLORIDA CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00016819

Summer Chatham OPS

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

MIAMI FAMBA	1 CORP		

(Name of Corporatio	n as currently	filed with the Florid	la Dept. of State	)		
P21000054170						
(Docume	ent Number of C	Corporation (if know	n)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this FI	oridu Profit Corpord	ation adopts the f	ollowing	amendn	nent(s) to
A. If amending name, enter the new name of the con	rporation:					
			<u></u>		The ne	
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A p	mpany," or "incorpo professional corpore	orated" or the abl ution name musi	reviation contain	"Corp. the wo	, " rd
B. Enter new principal office address, if applicable:			<u>-</u>			
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u> )			رن دی:ات	202	€;
				===	<u> </u>	
			<del></del>		<u> </u>	
C. Enter new mailing address, if applicable:					9	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<b>Y</b> )			10 m		Ш
				<u>السني</u>	_ <u>-</u> _	D
					-	
			· <u>-</u> · <u>-</u> .	<u>L</u> i		•:
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered o</li> </ul>		ss in Florida, enter	the name of the			
	, , , , , , , , , , , , , , , , , , ,					
Name of New Registered Agent						
	(Florida street	t address)				
New Registered Office Address:			Florida_			
	(C	lity)		(Zip Co	xde)	
New Registered Agent's Signature, if changing Regis	istored Agents					
I hereby accept the appointment as registered agent. I	l am familiar wit	h and accept the obl	igations of the pe	sition.		
			•			
C:	tura of Nov. Do	istered Agent, if cha	nuina			
Signai	une oj ivew keg	ъсегеи мусии, у спа	ngmg			

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	MGR	_	Ivonne Fontannaz	Puerto Madero 9710
X Add				Pudahuel, Santiago, Chile.
Remove				
2) Change		-		
Add				
Remove Change	-	_		
Add				<del></del>
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>additional she</i>	ng additional Ar rets, if necessary).	(Be specific)	- *= V = V = 2 = Z ,			
-						
		_				
				<u></u>		
<del></del>		<del></del> -				
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						-
f an amendment pr	rovidas for an eve	shanna raclassif	cation or cancel	lation of issued :	charec	
provisions for impl	lementing the am	endment if not o	ontained in the a	mendment itsel	<u>f:</u>	
(if not applicab	le, indicate N/A)					
						_
				<del>.</del>		
			<u></u>	<del>_</del>	<u> </u>	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file a	late)
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirer epartment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	archolder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ifficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The followard each voting group entitled to vote separately on the amend	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
selecte	tector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee,	
appoin	ed fiduciary by that fiduciary)	
	Sergio Barros Ruis - Tas (Typed or printed name of person signing)	la
	(Typed of printed name of person signing)	
	(Title of person signing)	