P21000055474

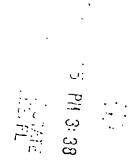
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| Special Instructions to Filing Officer: |
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Articles of Amendment to Articles of Incorporation of

| MANIE | COLLCE | BARBER | CHOD | CODD |
|--------|--------|--------|-------|------|
| MIMINE | SOUCE | BAKBEK | SHUE. | CORE |

| Warner of Community as a supporting | Glad with the Floride Dant of Statu) | | |
|--|--|--|--|
| P21000055474 | filed with the Florida Dept. of State) | | |
| (Document Number of | Corporation (if known) | | |
| · | • | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: | <i>Horida Profit Corporation</i> 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," "ce "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or the abbreviation "Corp., professional corporation name must contain the word | | |
| B. Enter new principal office address, if applicable: | 14236 S.W. 8TH STREE | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | MIAMI,FL 33184. | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SAME | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or registered office addre | ess in Florida, enter the name of the | | |
| new registered agent and/or the new registered office address: | | | |
| Name of New Registered Agent | $\frac{1}{2}$ ω | | |
| Name of New Registered Agem | | | |
| (Florida stre | et address) | | |
| | 19. (1 | | |
| New Registered Office Address: | , Florida | | |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w | ith and accept the obligations of the position | | |
| Thereby decept the approximent as regime on agoni. This juminary | and the second s | | |
| | | | |
| Signature of New Pa | gistered Agent, if changing | | |
| Signature of New Ke | gistered Agent, ij ondaging | | |
| Check if applicable | | | |
| ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c | 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 | PT John | n Doe | |
|----------------------------|-----------------------|------------------|-------------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sall</u> | <u>v Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) X Change | PT | JOSE LUIS CASADO | 110 SIDONA AVE |
| Add | | | CORAL GABLES FL, 33134. |
| Remove | | | |
| 2) X Change | VP | LUIS F CUETARA | 13300 NW 8th STREET |
| Add | | | MIAMI FL,33182. |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| <u>11 amei</u> (Attach | iding or adding add additional sheets, if | necessary). | <u>s, enter change</u> Be specific) | ta) nere. | | |
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| . If an a | nendment provide | s for an exchan | ve. reclassifica | tion, or cancella | ion of issued sha | res. |
| provis | ions for implemen | ting the amend | ment if not con | tained in the am | endment itself: | |
| (i, | Inot applicable, ind | icate N/A) | | | | |
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| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
|---|--|---|
| Effective date <u>if applicable</u> : | | |
| | (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 requestrement of State's records. | quirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors withou | ut shareholder action and shareholder |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes east fo sufficient for approval. | or the amendment(s) |
| 3 / | pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the a | |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approva | .1 |
| by | | |
| | (voting group) | |
| 06/21/202 Dated | Lin to Cheller | |
| selec | director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trunted fiduciary by that fiduciary) | |
| | LUIS F CUETARA | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |