P210000 76655

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(Ad	dress)		
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DRW INVESTMENT CORP DOCUMENT NUMBER: P21000076655 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARIADNA M OJEDA Name of Contact Person AYUDA CENTER Firm/ Company 8230 CORAL WAY Address MIAMI, FL 33155 City/ State and Zip Code AOJEDA@AYUDACENTER.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARIADNA M OJEDA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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DRW INVESTMENT CORP

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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(<u>Name of Corporati</u>	on as current	tl <u>y filed</u>	with the Flor	ida Deok ol	(State)	17 3 m
P21000076655					7,447	séé Bilitie
(Docum	nent Number o	of Corpo	oration (if kno	wn)		
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	a Statutes, this	s <i>Florida</i>	ı Profit Corpo	oration adop	ts the foll	lowing amendment(s)
. If amending name, enter the new name of the co	orporation:					
						The new
ame must be distinguishable and contain the word "contain the word "contain "Corp." "Inc.," or Co.," or the designation "Corp." "Inc., "chartered." "professional association," or the abbro	" or "Co".	A profe	iv," or "incorp essional corpe	porated" or i oration name	the abbre e-must-c	viation "Corp.," ontain the word
Enter new principal office address, if applicable						
Principal office address <u>MUST BE A STREET ADI</u>	DRESS)					
			_	<u> </u>		
Enter new mailing address, if applicable:	X17.					
(Mailing address MAY BE A POST OFFICE BC	<u>//</u>)					
					-	=
). If amending the registered agent and/or registe	red office add	ldress in	Florida ente	r the name	of the	
new registered agent and/or the new registered			1 toriday core	T the name	or the	
Name of New Registered Agent						
<u></u>	•					
	tFlorida s	street add	ress)		-	
New Registered Office Address:				, F	lorida	
		(City)	•			(Zip Code)
<u>few Registered Agent's Signature</u> , if changing Reg hereby accept the appointment as registered agent.	gistered Agen	<u>nt:</u> www.ide.com	nd accent the c	shliaatione o	f the navi	iinn
петену ассерь те арронитет актедімется адет.	r um jumulur	, ,, 1173 [171	a accept the o	ондинова о	, the posit	non.
	<u> </u>					
Sign	nature of New	Register	ed Agent, if c	hanging		

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	ARIADNA M OJEDA	8230 CORAL WAY.
Add			MIAMI FL. 33155
X Remove			
2) Change			_
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	_
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
-	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate NA)	endment if not contained in the amendment itself:
	<u> </u>
<u> </u>	

•	08/30/2021	
The date of each amendment(s) date this document was signed.) adoption:	if other than the
0	8/30/2021	
Effective date <u>if applicable</u> :	(no more than	90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the		icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were		he number of votes cast for the amendment(s)
		rough voting groups. The following statement o vote separately on the amendment(s):
	ast for the amendment(s) was/w	**
by	(voting group)	<u> </u>
	(voting group)	
08/30/20 Dated)21	
Signature	7	
(By- sele	a director, president or other off	ficer – if directors or officers have not been he hands of a receiver, trustee, or other court y)
	FELIPE DEL RIO	
	(Typed or printed	d name of person signing)
	PRESIDENT	

(Title of person signing)