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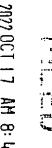
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COVER LETTER

| DECORORE 26 & 28 CORP. DOCUMENT NUMBER: Please return all correspondence concerning this matter to the following: Isabel Aninat Name of Contact Person n/a Firm/ Company 848 Brickell Avenue. Suite 830 Address Miami, FL 33131 City/ State and Zip Code ianinat@ruzzoneygonzalez.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Isabel Aninat Name of Contact Person Area Code & Daytime Telephone Numb Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is conclused) Certified Copy (Additional Copy is enclosed) | Division of Corporations | | | |
|---|--|----------------------------|--------------------------------------|--|
| The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sabel Aninat | NAME OF CORPORATION | DECORORE 26 & | 28 CORP. | |
| Please return all correspondence concerning this matter to the following: Isabel Aninat | P2 | | | |
| Sabel Aninat Name of Contact Person | The enclosed Articles of Amen | | bmitted for filing. | |
| Name of Contact Person | Please return all correspondenc | concerning this ma | tter to the following: | |
| Firm/ Company 848 Brickell Avenue, Suite 830 Address Miami, FL 33131 City/ State and Zip Code ianinat@bruzzoneygonzalez.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Isabel Aninat at (786) 3027279 Name of Contact Person Area Code & Daytime Telephone Numb Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c} \text{S35 Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certificate of Status} \text{Certified Copy} Certified Co | Isabel A | ninat | | |
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| City/ State and Zip Code ianinat@bruzzoneygonzalez.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Isabel Aninat Isabel Aninat | 848 Bric | kell Avenue, Suite 8 | • • | |
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| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Isabel Aninat | ianinat@ | Moruzzonevgonzalez. | com | |
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| Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy | Enclosed is a check for the follo | wing amount made | payable to the Florida Depa | artment of State: |
| is enclosed) | - | | Certified Copy (Additional copy is | Certificate of Status Certified Copy |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, I L 32314 Mailing Address Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | Amendment S Division of C P.O. Box 632 | ection orporations 7 | Amend Divisio The Co 2415 N | ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Articles of Amendment

FILED

DECORORE 26 & 28 CORP.

its Articles of Incorporation:

P22000045255

n/a

Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this 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," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." Onofre Jarpa 10082, Casa A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) La Reina, Region Metropolitana Chile C. Enter new mailing address, if applicable: 848 Brickell Avenue, Suite 830 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33131

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/dr the new registered office address:

| Name of New Registered Agent | Isabel Aninat | |
|--------------------------------|--------------------------------|-----------------|
| | 848 Brickell Avenue, Suite 830 | |
| | (Florida street address) | |
| New Registered Office Address: | Miami | , Florida 33131 |
| | (City) | (Zip Code) |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 litle 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 Doe | |
|-------------------------------|-----------------|--------------------|--------------------------------|
| X Remove | \underline{Y} | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | PD | Isabel Saffie Vega | 848 Brickell Avenue, Suite 830 |
| Add | | | Miami, FL 33131 |
| Remove | | | |
| 2) X Change | VD | Andrea Saffie Vega | 848 Brickell Avenue, Suite 830 |
| Add | | | Miami, FL 33131 |
| Remove 3) Remove | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | ! | | |
| Remove | | | |
| 5) Change | | | - |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| . If amending or adding add | titional Articles, enter change(s) here: |
|---------------------------------------|--|
| (Attach additional sheets, if | |
| lylaws and Amendment of By | aws. The incorporators or board of directors shall adopt the initial bylaws for the corporation. |
| Following adoption of the initia | l bylaws, unless otherwise required by mandatory provisions of the Florida Business Corpor- |
| ition Act or other Applicable L | aw, the shareholders shall have the exclusive power to amend and/or repeal the initial bylaws |
| ind/or adopt new bylaws. | |
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| . If an amendment provides | for an exchange, reclassification, or cancellation of issued shares, |
| provisions for implement | ing the amendment if not contained in the amendment itself: |
| (if not applicable, indi | tate N/A) |
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| The date of each amendment(s) | adoption: | , if other t | han the |
|---|---|--------------------|----------|
| date this document was signed. | | | |
| 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 | block does not meet the applicable statutory filing requirements, this date will Department of State's records. | not be listed | i as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors without shareholder action and | shareholder | |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval. | 202 Sect | |
| ☐ The amendment(s) was/were a must be separately provided j | pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | 2022 OCT 17 | |
| "The number of votes or | ist for the amendment(s) was/were sufficient for approval | CT 17 AM 8 | |
| by | (voting group) | AH 8: 41 | U |
| Datedc_2 | - (1) 50 12 Vay 12 - | | |
| (By sele | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) | | |
| | Isabel Saffie Vega | | |
| | (Typed or printed name of person signing) | | |
| | President | | |
| | (Title of person signing) | | |