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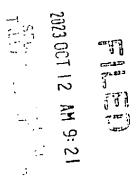
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BARRIO K CORP DOCUMENT NUMBER: P23000047837 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BARRIO ALVAREZ, ELDRYS Name of Contact Person ELDRYS BARRIO ALVAREZ Firm/ Company 6292 NW 186TH ST APT 206 Address HIALEAH, FL 33015 City/ State and Zip Code eldrysb@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 908-2275
Area Code & Daytime Telephone Number **ELDRYS BARRIO ALVAREZ** 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 (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

BARRIO K CORP

(Name of Corporation as current)	ly filed with the Florida Dept. of State)	
P23000047837		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the foli	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Co". Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must c	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023 OCT 12 AM 9
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		2 2
Name of New Registered Agent		
(Florida str	reet address)	
New Registered Office Address:	(City) . Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v		tion.
Signature of New R	legistered Agent, if changing	
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.

Example: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		KAROL FLIS MOREIRA	6292 NW 186 STREET APT 206
X Add		_		HIALEAH FL 3301
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
<i>δ</i>) Change		_		
Add				
Remove				

mending or adding addition ach additional sheets, if necessity	ssary). (Be specific)			
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n amendment provides for	an exchange, reclassifi	cation, or cancellatio	n of issued shares,	
ovisions for implementing		ontained in the amer	idment itself:	
(if not applicable, indicate	'N/A)			
			-	
	<u> </u>			
				

•	09-18-2023
The date of each amendment(s) ad	option:, if other than the
late 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 blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
09-18-2023	
Dated	
C:	A NU P
Signature (By a di	ector, president of other officer – if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	ELDRYS BARRIO ALVAREZ
-	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)