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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2015

OSIRIS QUINTANA 7480 BIRD RD STE 540 MIAMI, FL 33155

SUBJECT: TRIANGLE ASSOCIATES, INC.

Ref. Number: P96000039551

We have received your document for TRIANGLE ASSOCIATES, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

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.

Rebekah White Regulatory Specialist II

Letter Number: 415A00019525

Articles of Amendment to

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	Articles of In		15 OCT 13 Pil 12: 49
Triangle	Associo	ites.]	Money Link
na Wame of	Corporation as current	tly filed with the Fl	orida Dept. of State
	(Document Number of	of Corporation (if kr	nown)
ursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Cor	poration adopts the following amendment
. If amending name, enter the new nat	me of the corporation:		Ti
ame must be distinguishable and conto Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associati	tion "Corp," "Inc," or	"Co". A profession "P.A."	
. Enter new principal office address, i	f annlicable:	na	
Principal office address MUST BE A ST		na	
		na	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		na	
(muung uuuress <u>MAT DE A 1 051 0</u>	FFICE BUA)	na	
		na	
If amending the registered agent and			iter the name of the
new registered agent and/or the new	na	<u>ss:</u>	
Name of New Registered Agent	na	<u></u>	
		street address)	
	na	ii eei buui essy	
New Registered Office Address:		(City)	, Florida(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if ch I hereby accept the appointment as registe	na		, ,
	AN		
	Signature of New	Registered Agent, ij	fchanging

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	S	Gaspar Samper	7480 Bird Road#540
Add			Miami, Florida
Remove			33155
2) Change			
Add			
Remove			
3) Change			
Add			, mar.
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

(Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
a	
	
	_
If an amendment provides for an eyel	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
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provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame	

	September 9, 201	15
The date of each amendment(s) adoptio	- . *	, if other than
date this document was signed. Septen	nber 9, 2015	
Effective date if applicable:		
	(no more than 90 days a	after amendment file date)
Note: If the date inserted in this block of document's effective date on the Department		atutory filing requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each		
"The number of votes cast for the	amendment(s) was/were suffici	ient for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without	t shareholder action and shareholder
☐ The amendment(s) was/were adopted be action was not required.	by the incorporators without share	reholder action and shareholder
DatedSeptemb	per 9, 2015	
Signature	MALLO	<u></u>
	, president or other officer - if d	directors or officers have not been
selected, by a	in incorporator - if in the hands of	of a receiver, trustee, or other court
appointed fid	uciary by that fiduciary)	
Os	iris Quintana	
	(Typed or printed name of	f person signing)
Pre	esident	
	(Title of person	on signing)