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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: THERSIONES RIVERSAY PAZA INC. POSITIONES RIVERSAY PAZA INC. POSITIONES RIVERSAY PAZA INC.				
DOCUMENT NUMBER: P9+0006409+				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
NELSON SAYEGH				
Name of Contact Person				
INVERSIONES RIVERSAY HAZA INC				
1200 PRICKELL ALE SOITE 240				
Address				
MIANI + 1 33131				
City/ State and Zip Code				
nsayeah a sayaroundevelopers com E-phail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (205) 345-5803 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

	to Articles of Incorporation	
	of O	FI
LAVERSIONES K	INERSAY YIAZ	$Z\Delta$, ΔN , ΔN
(Name of Corporat	tion as currently filed with the l	Florida Dept. of State)
Pai Oconca no	17	13 L
(Docu	ment Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florid	la Statutes, this Florida Profit Co	ernaration adopts the following smendtien:
its Articles of Incorporation:	a statutes, and ramida rroym ex	0.5/
A. If amending name, enter the new name of the c	ornaration.	· <i>U</i> .
A. It amending name, enter the new name of the c	orporation.	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp		
word "chartered," "professional association," or the	e abbreviation "P.A."	•
B. Enter new principal office address, if applicable	le:	
(Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	
		
D. If amending the registered agent and/or registe	ered office address in Florida, e	enter the name of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent		
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·
No. Borisonal Office Address		Florida
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Re		ha aktimatisan afeha maritian
I hereby accept the appointment as registered agent.	т ат затинат мин ана ассерт и	ne congacions of the position.
Sin	mature of New Registered Agent	if changing

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> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	T SAYECH MANDE CLAUDY	1 1200 BENCKELL AVE
Add	-	SUIE 40
Remove		MIANI + L 33131
2) Change	V SAYEGH . VITALE, IRENE.	1500 BEICKEN YA
Add	-	Some 240
Remove		NIAMI + 1 33131
3) Change		
Add	-	
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

famending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
 	
	- · · · · · · · · · · · · · · · · · · ·
	
·	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у погирунскоге, такае гол)	
	
	
<u> </u>	

The date of each amendment(s) adoption: 01012018 . if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated OR OC 2018 Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
District or frames are broad of grands.
(Title of person signing)