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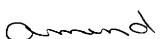
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: ADOLFO HOLDI	NGS, INC.	
	UMBER: P99000078817		
The enclosed Art	icles of Amendment and fee are su	ibmitted for filing.	
Please return all o	correspondence concerning this ma	tter to the following:	
	II. YOUNG CHOI, ESQ.		
		Name of Contact Person	1
	CHOL& MENEZES, LLP		
		Firm/ Company	
	1925 Brickell Ave, Suite D-2	106	
		Address	
	Miami, Florida 33129		
		City/ State and Zip Cod	e
i	yc@choilawfirm.com		
-	· ·	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
IL YOUNG CHO	n, esq.	at (854-6333
Ŋ	ame of Contact Person	Atea Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	e □S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations I Building executive Center Circle assee, FL 32301

- A DOTE 19 174 21 (Jo

Articles of Amendment Articles of Incorporation

of ADOLFO HOLDINGS, INC.

(Name o	of Corporation as current	ly filed with the Florida Dep	t. of State)	
P99000078817				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following a	mendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
N/A			T	he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	"Co". A professional corpor	orated" or the abbi ation name must con	reviation ntain the
B. Enter new principal office address, (Principal office address MUST BE A S			_	
C. Enter new mailing address, if appli		P.O. BOX 127098		
(Mailing address MAY BE A POST OFFICE BOX)		Hialeah, Florida 33012		
				- 13 - 14
D. If amending the registered agent an new registered agent and/or the new			ne of the	
Name of New Registered Agent	IL YOUNG CHOI, ESQ.			3
Traine of Treat Instances in Sept.	1925 Brickell Ave., Suite D-206		63 03 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	(Florida st	revt address)	<u>.</u>	5 E
New Registered Office Address:	Miami		, Florida 33129	5
in ingality of time function.		(City)	(Zip Co	de)

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.

Eignature 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VD	Rodolfo Perez	P.O. Box 127098
Add			Hialeah, Florida 33012
X Remove			
2) Change	<u>v</u>	Ada Perez	7900 N.W. 166th Street
Add			Miami Lakes, FL 33016
X Remove			
3) Change	SD	Blanca Barroeta Hernandez	P.O. Box 127098
XAdd			Hialeah, Florida 33012
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)
/Λ	
	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
/A	

The date of each amendment(s) ad date this document was signed.	option:, it other than the
Effective date If applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	lock 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 by the shareholders was/were suf	pted 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 i	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated2 Signature	Tof 1.
(isy a ui	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	ADOLFO PEREZ JR.
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)