P1600004598

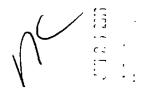
| (KE | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| | | |
| (Ad | ldress) | - |
| | | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | = #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| • | • | • |
| (Dc | ocument Number) | |
| (| | |
| Cartified Conice | Cortification | of Status |
| Certified Copies | Certificates | o Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400280686394

01/22/16--01018--008 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: LAA POLILLA | | <u> </u> | | | |
|----------------------------|--|--|--|--|--|--|
| DOCUMENT NUMBE | R: P16000004598 | | | | | |
| | Amendment and fee are su | bmitted for filing. | | | | |
| Please return all correspo | ondence concerning this mat | iter to the following: | | | | |
| P. | ATRICIO GONZALEZ E.A | Λ. | | | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Contact Person | | | | |
| W | WELLINGTON TAX SERVICES CO. | | | | | |
| | Firm/ Company | | | | | |
| 11 | 342 WILTSHIRE VILLAG | E DR | | | | |
| | <u>. </u> | Address | , , , , , , , , , , , , , , , , , , , | | | |
| W | ELLINGTON, FL 33414 | | | | | |
| _ | | City/ State and Zip Code | | | | |
| TUNUT | AN@BELLSOUTH.NET | | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | | |
| For further information of | concerning this matter, pleas | se call: | | | | |
| PATRICIO GONZALEZ E.A. | | at (| | | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | | |
| Enclosed is a check for t | he following amount made | payable to the Florida Depa | rtment of State: | | | |
| □ \$35 Filing Fee | \$43.75 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) | | | |
| Ameno Divisio P.O. B | ng Address denient Section on of Corporations lox 6327 assee, FL 32314 | Amend Divisio Clifton 2661 E | Address iment Section on of Corporations Building xecutive Center Circle assee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as current) | y filed with the Florida Dept. of State) |
|---|--|
| LAA POLILLA CORP | |
| (Document Number of | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| LA POLILLA CORP | The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation " | Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | • |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| (muning numess MAT BE ATOST OFFICE BOX) | |
| | |
| | |
| D. If amending the registered agent and/or registered office adds | |
| new registered agent and/or the new registered office address | <u>:</u> |
| Name of New Registered Agent | |
| | |
| (Florida str | veet address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent | |
| Thereby accept the appointment as registered agent. I am familiar | The last the second sec |
| | The second secon |
| | Service Programme Control Prog |
| Signature of New I | Registered Agent, if changing |
| | المحمدة |

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.

| X Change | <u>PT</u> | John Do | <u>oe</u> | | | |
|----------------------------|--------------|------------|-----------|-----------------|--|--|
| X Remove | Y | Mike Jones | | | | |
| _X Add | <u>sv</u> | Sally Sn | nith | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s | | |
| 1) Change | _ | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 2) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 3) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| Ole and | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| | | | | | | |
| 6) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| ttach additional sheets, if necessary). | ticles, enter chan (Be specific) | | | | |
|---|-------------------------------------|-------------------|---|----------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <u></u> |
| | | | | | |
| | | | | | |
| | | | , | | |
| | | | | | |
| | | | | | |
| | | | | <u> </u> | |
| | | | | | |
| an amendment provides for an exc | nhanga raalaccifi | nation or concel | latian of iccupal s | hares | |
| provisions for implementing the am | endment if not c | ontained in the a | mendment itself | <u> </u> | |
| (if not applicable, indicate N/A) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| The date of each amendment(s) acd date this document was signed. | loption: | , if other than the |
|--|---|-----------------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this dat partment of State's records. | e will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s fficient for approval. |) |
| | roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s): | nt |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| ☐ The amendment(s) was/were add action was not required. | pted by the board of directors without shareholder action and shareholde | г |
| ☐ The amendment(s) was/were add action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 01/20/2016 Dated | | · |
| selecte | irector, president or other officer — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| | PABLO PIERES | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |