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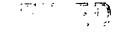
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SSM CAPITAL	INVESTMENTS CO)RP	
DOCUMENT NUMBER:	P15000020386			
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
		ADRIANA LAN	CHERC	OS .
		Name of Contact	Person	
		Firm, Compa	ny	
	134 SOI	JTH DIXIE HIGHW	AY SUI	TE 216
		Address		
·····	HALLAN	IDALE BEACH.FL		
		City/ State and Zip	p Code	
		alancheros@yaho	00,com	
E-mai	l address: (to be us	sed for future annual i	report no	otification)
For further information concerning	g this matter, pleas	se call:		
ADRIANA LANCHEROS		at (305		8482584
Name of Contact I		ea Code	& Daytime Telephone Number	
Enclosed is a check for the follow	ing amount made	payable to the Florida	ı Depart	ment of State:
	.75 Filing Fee & ificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Set Division of Cor P.O. Box 6327 Tallahassee, FL	ztion porations	A D T 2:	ivision of the Cen 415 N.	Idress ent Section of Corporations tre of Tallahassee Monroe Street, Suite 810 ee, F1, 32303



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Articles of Amendment to Articles of Incorporation of

SSM CAPITAL INVESTMENTS CORP

	P150000203	86	
(De	ocument Number of	Corporation (if known)	
suant to the provisions of section 607.1006, Fl Articles of Incorporation:	orida Statutes, this	Florida Profit Corporation adopts the following amendment(s	
If amending name, enter the new name of t	<u>te corporation:</u>	The new	
ne must be distinguishable and contain the word c.," or Co.," or the designation "Corp," " wartered," "professional association," or the a	Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS		134 SOUTH DIXIE HIGHWAY	
		SUITE 216	
		HALLANDALE BEACH,FL 33009	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		134 SOUTH DIXIE HIGHWAY	
		SUITE 216	
		HALLANDALE BEACH,FL 33009	
If amending the registered agent and/or reg new registered agent and/or the new registe	istered office addi red office address	ess in Florida, enter the name of the	
Name of New Registered Agent ADRIA	NA LANCHEROS		
134 SO	UTH DIXIE HIGH	WAY, SUITE 216	
	(Florida str	et address)	
New Registered Office Address:	ANDALE BEACH	, Florida 33009	
		(City) (Zip Code)	

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>F1</u>	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addreş</u> s
I) Change	D	JUAN PABLO DUQUE	234 SEAVIEW DR
Add			KEY BISCAYNE, FL 33149
Remove 2) Change	N/A	N/A	N/A
Add			
Remove Change	N/A	N/A	N/A
Add			
Remove 4) Change	N/A	<u>N/A</u>	N/A
Add			
Remove 5) Change	N/A	N/A	N/A
Add			
Remove 6) Change	N/A	N/A	N/A
Add			
Kelinose			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
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	.
<u> </u>	
in amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·····	n - n -
	·
	



N/A
The date of each amendment(s) adoption:, if other than the
date this document was signed.
N/A Effective date if applicable:
(no more than 90 days after amendment file dute)
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 incorporators, or board of directors without shareholder action and shareholder action was not required.
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 N/A
(voling group)
Dated MAY 15,2020 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 Viduciary)
/ MAURICIO DUQUE /
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)

