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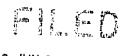
> JUL 0 8 2016 D CONNELL

## **COVER LETTER**

Division of Corporations	<b>A</b>
NAME OF CORPORATION:	SSI TECH CORP
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
J-1 760	Name of Contact Person  JISSI TECH CORP  Firm/Company  SWATIANTIC # 108  Address  6ATE, FL 33063  City/State and Zip Code
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
TIAGO MONTEIR	0 at 954 701-2870
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is cnclosed)  \$\\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MEMO: MARIA HELEVA MONTEIRO Add VP

## Articles of Amendment to Articles of Incorporation of



16 JUN 29 AM !!: 00

to

J-NISS'I TECH	CORP SECRETARY OF STATE  Filed with the Florida Dept. of State E. FLORIDA
(Document Number of C	
· ·	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/ A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent NA	
(Florida stree	t address)
New Registered Office Address: N	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
NIA	gistered Agent, if changing
Signature of New Res	vistered 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	v	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address a \\M
1) Change	<u>19</u>		7605 W. ATLANTICHIO
Add		MONTEIRO	MARGATE FL 33063
Remove			·
2) Change	<del></del>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional Ar al sheets, if necessary)	. (Be specific)	ECCAT METE.		
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f an amendme	ent provides for an ex r implementing the ar	<u>(change, reclassif</u> mendment if not (	ication, or cancell	lation of issued sha mendment itself:	ires,
(if not app	olicable, indicate N/A)	in the state of th			
	NIA				
					- <del></del>
		<u> </u>			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 06/23/2016	
(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
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	
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.	
Signature  (By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
TIAGO MONTEIRO	
(Typed or printed name of person signing)	
<u> </u>	-,
(Title of person signing)	