P18000043459

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TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	(4) a a .	~ ~ C O (~~			
	NAME OF CORPORATION: SCCYCTS OF BIOZIL, INC.				
DOCUMENT NUME	DOCUMENT NUMBER: P180000 43459				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Cynthia Vega-Gonzalez Some of Contact Person				
	Law Office of Cynthia R. Vega PLLC				
	5104 SN	1 131 Ave			
		7 11111 6111			
	Miami,	F L 33175 City/ State and Zip Cod			
	cynthia	Cynthiavegal	aw.nct		
	h-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
cynthia	Vega Gionzalez	at (30.5	570-0551		
CYMTMICI VCGA CIDMZCHCZ at (305) 570-0551 Name of Contact Person Area Code & Daytime Telephone Nur			de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 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)		
	ling Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

STORES OF GYAL	II, IMC	 Iv filed with the Florida	Dept. of State)	
P18000043459				
(Doc	ument Number (of Corporation (if known))	
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	ida Statutes, this	Florida Profit Corporat	ion adopts the follow	ring amendment(s)
A. If amending name, enter the new name of the	corporation:			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	c, " or "Co".	A professional corporati		tion "Corp."
B. Enter new principal office address, if applical	ble:	NIA		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				2020 HARY
				The state of the s
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>30X</u>)	NIA		
				12:
				16
D. If amending the registered agent and/or registered agent and/or the new registered			e name of the	
Name of New Registered Agent	N/A	<u> </u>		
	(Florida st	reet address)		
New Registered Office Address:	1/A	(City)	Florida	p Code)
		(e niv)	(2.1)	o Conte)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			ations of the position	1
NIA				
Sig	gnature of New I	Registered Agent, if chang	ging	

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>PT</u>	John Doe	
X Remove		Mike Jones	
<u>X</u> Add		Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	_D_	Ian Buenote Sousa	201 Golden Isles Dr. 202 Hallandale, FL 33009
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 -		
Add			
Remove			

111	nal sheets, if necessary).				
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an amendm	ent provides for an exch	ange, reclassificat	<u>ion, or cancellation</u>	of issued shares,	
(if not ap)	r implementing the ame olicable, indicate N/4)	<u>nament if not cont</u>	ained in the amend	ment itself:	
NIA					
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirent of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK_ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
	proved by the shareholders through voting groups. <i>The followard each voting group entitled to vote separately on the amended</i>	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	tvoting group)	
selecte	irector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ted fiduciary by that fiduciary)	
	Cynthia Vega-Gonzaltz, (Typed or printed name of person signing)	ESq.
	Authorized Representat (Title of person signing)	1ve