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TO: Amendment Section Division of Corporations

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NAME OF CORPORAT	ION: ADONIS SAND B	LESTER INC		iri pirit Tanan
DOCUMENT NUMBER	: <u>P19000014748</u>			ج ج
The enclosed Articles of A		bmitted for filing.		1
Please return all correspon	dence concerning this ma	tter to the following:		
AD	ONI MOREIRA			
		Name of Contact Perso	n	
AD	ONIS SAND BLESTER	INC		
		Firm/ Company		
135	55 W OKEECHOBEE RD			
	<u> </u>	Address	·····	
Hiz	ALEAH, FL 33010			
		City/ State and Zip Cod	le	
adoni mo	reira@gmail.com			
	~ -	sed for future annual report	notification)	
	•	'		
For further information co	ncerning this matter, pleas	se call:		
ADONI MOREIRA		at (286-0621	
	ontact Person	at ()ode & Daytime Telephone Number	_
Name of C	omact Person	Alea Ce	de & Daytine Pelephone Number	
Enclosed is a check for the	e following amount made	payable to the Florida Dep	artment 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)	
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		

Articles of Amendment to Articles of Incorporation of

ADONIS SAND BLESTER INC

			ヤットイ	
(Name o	f Corporation as currently t	filed with the Florida Dept. of State)	187	250
P19000014748			تزريخ	~. ~.
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>FI</i>	orida Profit Corporation adopts the follow	ving amendme	ent(s) t
A. If amending name, enter the new na	me of the corporation:			
ADONIS SANDBLASTING INC			The new	
	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the o". A professional corporation name mu A."		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX)	in Florida, enter the name of the		
new registered agent and/or the new		and the first th		
Name of New Registered Agent	ADONI MOREIRA NUNEZ	′ .		
	1355 W OKECHOBEE RD	APT 210		
	(Florida sirce	t address)		
New Registered Office Address:	HIALEAH	33010 	ົນ	
	(C	iiy) (Z	(ip Code)	
	ered agent. I am familiar wit	th and accept the obligations of the positio	91.	
-	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: <u>X</u> 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) X Change	P	ADONI MOREIRA NUNEZ	1355 W OKECHOBEE RD APT 2
Add			HIALEAH, FL 33010
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here (Be specific)	_		
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	ange reclassification of	cancellation of issue	d shares.	
lf an amandment provides for an exch		·	elf:	
provisions for implementing the ame	ndment if not contained	<u>in the amendment its</u>		
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained	in the amendment its		

	02/13/2019	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
02/1	5/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bi document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	nted by the shareholders. The number of votes cast for the amendaticient for approval.	nent(s)
	roved by the shareholders through voting groups. The following stack voting group entitled to vote separately on the amendment(s)	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	nted by the board of directors without shareholder action and share nted by the incorporators without shareholder action and sharehold	
03/15/2019		
Dated		
	Ifoni ^o	
	rector, president or other officer – if directors or officers have not, by an incorporator – if in the hands of a receiver, trustee, or other	
	ed fiduciary by that fiduciary)	
	Offenie Morzeira Núne (Typed or printed name of person signing)	25
	(Typed or printed name of person signing)	
	Precident	
	(Title of person signing)	