96000090308

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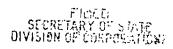
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SUNTA	RUST ENTERPA	USES. INC.	
	ER:			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
			•	
-		V. GUTIERRE2 Name of Contact Person		
-	SUNTRUST 6	FUTER PRISES, Firm/ Company	INC	
-		50 STRGET Address		
-	MIAMI	FL 33/2 City/ State and Zip Code	66 e	
	SiLvia E-mail address: (to be us	ed for future annual report	ics. Com notification)	
For further information	concerning this matter, pleas	se call:		
S/CVI A Name o	V. GUT/SRREZ f Contact Person	at (de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)	
<u>Mail</u>	ing Address	Street	Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 OCT -6 PM 1:27

(<u>Name of Corporation</u>	on as currently filed with the Florida Dept. of State)
P966	000090308
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation." "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
·	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent
	I am familiar with and accept the obligations of the position.
	ature of New Registered 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 F. 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 Jol</u>	<u>hn Doe</u>	·
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		MANUEL POLO	6970 NW 50 STREE
X _ Add			MIAMI, FL 33166
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),	ticles, enter change(s) here: (Be specific)
	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	OCTOBER	2,	2015	Flighter than the
Effective date if applicable:	(no more than 90 days	Δ.		15 OCT -6 PM 1:27
	(no more than 90 day:	after a	menament file date)	0 111 127
Note: If the date inserted in this block does n document's effective date on the Department of		statutory	filing requirements,	this date will not be listed as the
Adoption of Amendment(s) (CII	ECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		oer of vo	otes east for the amend	lment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the amer	ndment(s) was/were suff	icient fe	or approval	
py				
(voi	ing group)			
☐ The amendment(s) was/were adopted by the action was not required.	board of directors witho	ut share	holder action and sha	reholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without sh	archold	er action and shareho	lder
Dated Octo	De 3,2015			
J.B.V.	A1	•		
Signature	klent or other officer – i	Calinanta	and an afficient have no	t haar
selected. by an inco	brporator – if in the hanc			
appointed fidudiary	by that fiduciary)			
	SILVIA V.			
-	Typed or printed name	of perso	on signing)	
PRESIDENT				
	(Title of per	son sign	ing)	