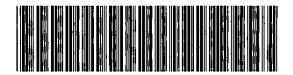
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SECRETARY OF STATE
TALL AHASSEEL FLORIO

C. LEWIS

JUN 6 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SFIJ IND	USTRIAL INC	
DOCUMENT NUMBER: P02000043	3305	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
ALVARO ABR		
SFIJ INDUST		1
1835 NW 112	AV SUITE 17	7
MIAMI FLORI	DA 33172	
	City/ State and Zip Code	٤
ALVARO@TLCA		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ase call:	
ALVARO ABREU	at (305	7462367
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

APPROVED

Articles of Amendment to Articles of Incorporation \mathbf{of}

14 HAY 23 PH 12: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SFIJ INDUSTRIAL INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P0800043305 (Document Number of Corporation (if)	known)
(Bottiment Number of Corporation (if	Kilowiti
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	·
	. 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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1835 NW 112 AV SUITE 177
	MIAMI FLORIDA
	33172
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
	ABREU
1835 NW 112 (Florida stree	AUSTO177 MIAMIFL33172
New Registered Office Address: (City)	, Florida
New Registered Agent's Signature, if changing Registered Agent:	(=7 -33.11)
I hereby accept the appointment as registered agent. I any shmiliar wi	th and accept the obligations of the position.
X le XO	· .
Signature of New Registered Ag	gent, 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	<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>	Address
1) Change	Р	FERNANDO MARTINEZ	1835 NW 112 AV SUITE
Add			177 , MIAMI FLORIDA
Remove			33172
2) Change			
Add			
Remove			
3) Change			
Add			***************************************
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

				
f an amendment provides for an excha provisions for implementing the amen	ige, reclassification, ment if not containe	or cancellation o	f issued shares, ent itself:	
(if not applicable, indicate N/A)				
				-
		·· - · · · ·		

APPROVEU AND FILED

The date of each amendment(s) adoption	14 MAY 23 PM 12: 32	, if other than the
date this document was signed.	SECRETARY OF STAME TALLAHASSEE, FLORIDA	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement of our group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated 05/15/14		
Signature		
(By a director selected, by a	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court aciary by that fiduciary)	
SAN	DRA MARTINEZ	
	(Typed or printed name of person signing)	
	(Title of person signing)	_