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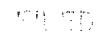
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: WESTON SUPPL	IES INC				
DOCUMENT NUM	IBER: P17000037966					
The enclosed Article	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:				
	MANUEL PRADAS					
	Name of Contact Person					
	GAM SERVICES					
	Firm/ Company					
	1820 N CORPORATE LAK	ES BLVD SUITE 206-10				
		Address				
•	WESTON, FL 33326					
		City/ State and Zip Cod	2			
mp.	gainserv@gmail.com					
		sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
MANUEL PRADAS	S	at (	2170223			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
\$35 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



WESTON SUPPLIES INC

17 MAY -8 AH 11:51

(Name of Corporation as c	werently filed with the Florida Dont of State)
	urrently med with the sortua pept. of State)
P17000037966	Barrier and the second of the
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporat	tion:
WESTON SUPPLIES INC	The new
	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office and and and agent and agent and agent	
· · · · · · · · · · · · · · · · · · ·	
(FI	orida street address)
(Fl. New Registered Office Address:	orida street address), Florida

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 <math>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 Do	<u>oe</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1)Change		_		-	
Add				-	
Remove				,	
2) Change		_		_	
Add				-	
Remove					
3) Change		_		_	
Add				-	
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		_		-	
Remove				-	
Kemove				-	
6) Change		<del>-</del>		-	
Add				-	
Remove				_	

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicante, matcate WA)	

The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.		<del></del> -
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date will ent of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
MAY 2nd, 2017 Dated	1018	
Signature	June of his les	
	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	
	duciary by that fiduciary)	
JUA	N CARLOS DE FREITES .	
	(Typed or printed name of person signing)	<del></del>
PRE	ESIDENT	
	(Title of person signing)	