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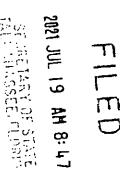
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Sharon Colon PA P20000056934 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sharon Colon Echovaria Firm/ Company Address Doral, FL 33176
City/ State and Zip Code Sharon · mcolon@g mail · com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sharon Colon Echevarria at (787) 462-9914

Name of Contact Person Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

to

Sharon Cole	on PA	2021 JUL 19 AM 8: 47
(Name of Corpor	ration as currently filed wit	th the Florida Dept. of State) FALL MIASSET FLORIS.
P	20000056934	TALL MASSEL FLORIS.
(Doc	cument Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Pi	rofit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the	e corporation:	
Sharon Colon Ech	Anaria PA	The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the ab	"corporation," "company," nc," or "Co". A professio	or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> ,	
D. If amending the registered agent and/or registerew registered agent and/or the new register Name of New Registered Agent		rida, enter the name of the
	(Florida street address	1
	(4 7////// (17/4)	,
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing F		(op tom)
I hereby accept the appointment as registered agen		ecept the obligations of the position.
Si	ignature of New Registered /	Agent, if changing

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.

X Change	<u>PT</u>	John Do	<u>v</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u> </u>			
Add				
Remove				
6) Change		_		
Add		_		
Remove				

Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ty not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
tate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file dat	<i>c</i> ;
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	holder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the above the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voling group)	
Dated 7/15/21	
Signature Shaw lolin Echovania	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Sharen Colon Echevaria	·
(Typed or printed name of person signing)	_
President	
(Title of person signing)	