## P16000016726

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: NISSIPRO CORP I	NC			
DOCUMENT NUMB	P16000016726				
The enclosed Articles (	of Amendment and fee are sub	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	ISIS ISABEL				
•		Name of Contact Person			
	H & I TAX AND INVESTMENT CORP				
	<u></u>	Firm/ Company			
	1860 N PINE ISLAND RD STE #111				
		Address			
	PLANTATION, FL 33322				
		City/ State and Zip Code	;		
	ISISTAX@AOL.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:	476-7100		
		at (	de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Petephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

FILED

NISSIPRO CORP INC (Name of Corporation as currently filed with the Florida Dept. of State) SEP -6 PM 1:06 P16000016726 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NISSIPRO CORP. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "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 office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE CHANGE THE NAME FROM: NISSIPRO CORP INC. TO NISSIPRO CORP.
TAKE OFF INC. FROM THE NAME.
EVERYTHING ELSE REMAINS THE SAME.
Wrong Name: Nissippo CORP INC.
Correct Name: Nissipro Corp.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

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The date of each amendment(s) a	ioption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendments of fficient for approval.	F 11
☐ The amendment(s) was/were app must be separately provided for	each voting group entitled to vote separately on the amendment(s):	6
"The number of votes cast	for the amendment(s) was/were sufficient for approval	PH 1: 06
by	(voting group)	06 200
08/22/202 Dated Signature	De F. Marrów	
(By a/d (selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	— <del>—</del>
	JOSE FERNANDO MONZON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	