G9053

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: P.S. SYSTEMS. IN	NC.	
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
J	ORGE J. LEIVA OSORIO		
_		Name of Contact Person	1
I	P.S. SYSTEMS, INC.		
-		Firm/ Company	
1	184 NORTHWEST 163 DR	, -	
-	<u></u>	Address	
1	MIAMI, FL 33169		
-	 	City/ State and Zip Cod	e
P\$\$Y\$	TEMSINCFL@GMAIL.CO)M	
		sed for future annual report	notification)
	E-man address. (to be as	sed for ratare annual report	
For further information	concerning this matter, pleas	se call:	
MICHAELS BLOOM	l FSO	561	299-5005
MICHAEL S. BLOOM, ESQ. Name of Contact Person		at (561)
Name o	Contact Person	Area Co	de & Daytine Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	-	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amei Divis P.O.	ing Address Indment Section It ion of Corporations Box 6327 It hassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
G90533	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ame its Articles of Incorporation:	endment(s
A. If amending name, enter the new name of the corporation:	
The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conta word "chartered," "professional association," or the abbreviation "P.A."	viation
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)	
	11 CONT.
	- [A.] 1 1
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:	E-1005
Name of New Registered Agent JORGE J. LEIVA OSORIO	5
1184 NORTHWEST 163 DRIVE	
(Florida street address)	
New Registered Office Address:	
New Registered Office Address. (City) (Zip Code)	1
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	

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 = C. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:				
X Change	<u>PT</u>	John Doc		
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	P	AGUILERA, PABLO M	16558 NE 26TH AVE #6B	
Add X Remove	•		N. MIAMI BEACH, FL 33160	
2) Change	P	OSORIO, JORGE J. LEIVA	1184 NORTHWEST 163 DRIVE	
X Add			MIAMI, FL 33169	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ding additional A sheets, if necessary). (Be specific	:)			
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f an amendment	provides for an ex	change, reclass	sification, or car	ncellation of issue	d shares,	
provisions for im	plementing the ar	nendme <u>nt if no</u>	<u>t contained in t</u>	he amendment its	self:	
(if not applice	able, indicate N/A)					
				-		
	-					
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			<u> </u>			_
				101011		
						-

	JUNE 13, 2019	
The date of each amendment(s) a	doption:	, if other than
date this document was signed.		
JUN Effective date <u>if applicable</u> :	E 13, 2019	
Effective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amend fficient for approval.	dment(s)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(statement (s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sha	ıreholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareho	older
JUNE 13, 2	2019	
Dated		
 -	/ 	
Signature	Jul .	
(By a d	lirector, president or other officer - if directors or officers have no	ot been
	d/by an incorporator - if in the hands of a receiver, trustee, or other	
арроіп	ted fiduciary by that fiduciary)	
	JORGE J. LEIVA OSORIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	