M02496

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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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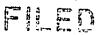
2021 OCT 12 AM 8: 4: SECRETARY OF STAT

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>SESS</u>	ER AND LUPEZ INVESTIGATIONS, INC
DOCUMENT NUMBER: MO24	96
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
STEVE S	E 351 E PC Name of Contact Person
	Name of Contact Person
SESSLER A	ND LOPEZ ENVESTIGATIONS INC. Firm/ Company
<u> 4101 NiU</u>	2101) STREET Address
MIAMI, F	FIONIDA 33126 City/ State and Zip Code
,	City/ State and Zip Code
SLINV E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter,	please call:
STEVE SESSIER	at (<u>305</u>) <u>6 43-338 ()</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee	_
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Incorporation of



ESSLER AND LOPEZ INVESTIGATIONS, INC.		2021 OCT 12 AM 8: 48
(Name of Corporation	on as currently filed with the l	Florida Dept. of State)
MO2496		SECRETARY OF STATE TALLAHASSOT, FI
	nent Number of Corporation (if	known)
suant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Florida Profit Co	orporation adopts the following amendment(s
<u>If amending name, enter the new name of the co</u>	rporation:	
		The
me must be distinguishable and contain the word "co nc.," or Co.," or the designation "Corp," "Inc," hartered," "professional association," or the abbre	' or "Co". A professional co	ocorporated" or the abbreviation "Corp.," orporation name must contain the word
Enter new principal office address, if applicable		
incipal office address <u>MUST BE A STREET ADD</u>	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)	
		
If amending the registered agent and/or register	ed office address in Florida, e	enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		.66
	(Florida street address)	
V D 1 (000 11)		
New Registered Office Address:	(City)	, Florida (Zip Code)
	• •	• •
w Registered Agent's Signature, if changing Reg	istered Agent:	
ereby accept the appointment as registered agent.	I am familiar with and accept to	he 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)

Remove

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.

The series of th	e, ana sa	uy Smin, Sr as an Aaa.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		MIDA LOPEL	4101 NW 2ND STREET
Add			<u>4101 NW 2ND STREET</u> MIAMI, FI 93126
Remove			
2) Change			
Add			
Remove Change		<u> </u>	
Add			
Remove			
4) Change		.	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

(Attach damnond sheets, y m	tional Articles, enter chan ecessary). — (Be specific)	•		•
			-	
				
				
				
·				
	 -			
If an amendment provides provisions for implementing	for an exchange, reclassifi	cation, or cancellation	of issued shares,	
(if not applicable, indic	ate N/A)	ontained in the amend	ment usen.	
				_
<u> </u>	· · · · · · · · · · · · · · · · · · ·			
·				

Effective date <u>if applicable</u> :	OCTOBED. 15T 2021 (no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will not be listed as a partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were sul	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east i	for the amendment(s) was/were sufficient for approval
by	(voting group)
	TOBER 8TH/2021
DatedOC	
Signature	La Servicio
Signature(By a di	rector, 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
Signature(By a disselected	