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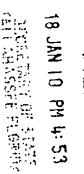
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COVER LETTER

Division of Corpo				
NAME OF CORPOR	ATION: SION HOMES DE	VELOPERS CORP		
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	UBALDO BLANCO			
		Name of Contact Pers	on	_
		Firm/ Company		_
	437 Golden Isles dr			
		Address		
	Hallandale, FL 33009			
		City/ State and Zip Co	ode	
karla(a	gtotaltaxesplus.com		,	
		sed for future annual repo	ort notification)	
For further information	concerning this matter, pleas	se call:		
UBALDO BLANCO		at (305	, 219-5717	
Name (of Contact Person	Arca (lode & Daytime Telephone Num	ber
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Ame Divi Clift 2661	et Address ndment Section sion of Corporations on Building Executive Center Circle thassee, F1, 32301	

Articles of Amendment

to

Articles of Incorporation

	of	
SION HOMES DEVELOPERS CORP		
(Name of Corporation as	s currently filed with the Florida Dept. of	State)
P01000037612		
(Document)	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida Profit Corporation</i> adopt	s the following amendment(s) to
A. If amending name, enter the new name of the corpor	r <u>ation:</u>	
UBALDO BLANCO, G.C., INC.		• The new
name must be distinguishable and contain the word "e "Corp.," "Inc.," or Co.," or the designation "Corp," "L word "chartered," "professional association," or the abbra	lne," or "Co". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	$\frac{\mathcal{N}}{\mathcal{N}}$	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>A</u>	PAN 10 PM 4:5
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		of the
Name of New Registered Agent \(\infty\)	· · · · · · · · · · · · · · · · · · ·	
	Florida street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: N		orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register- I hereby accept the appointment as registered agent. I am		the position.
Sienature	of New Registered Agent, if changing	

address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasura Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D , if necess irector titl President = Chief I er, Directo I in the forwest the convex the c	irector being a cary) c by the first lett c T= Treasurer, Financial Office or would be PTL llowing manner, orporation, Sall	ter of the office title: ; S= Secretary; D= Director r. If an officer/director ho); . Currently John Doe is list y Smith is named the V and	or; TR= Trustee lds more than o wed as the PST a	; C = Cha ne title, li: nd Mike Ja	irman or Clerk; CEO st the first letter of ea mes is listed as the V.	= Chief ch office There is
Example: XChange	<u>PT</u>	John Doe					
X Remove	<u>V</u>	Mike Jones				1	
X Add	<u>sv</u>	Sally Smith				 	
Type of Action (Check One)	<u>Title</u>	Name	<u>:</u>	<u>Ac</u>	ldress		
1) Change			NA				
Add					·-··	_	
Remove							
2) Change							
Add							
Remove							
3) Change							
Add					.		
Remove							
4) Change							
Add							
Remove							
5) Change		_					
Add							
Remove				_			
6) Channa					1		
6) Change	- -						
Add				•		 	

__ Remove

If amending or adding addition (Attach additional sheets, if necessity)	ssary). (Be specific)		
'A			
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If an amendment provides for provisions for implementing	an exchange, reclassification, on the amendment if not contained	or cancellation of issued shar I in the amendment itself:	es,
(if not applicable, indicate	N/A)		
A			
			<u> </u>
			·
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			1

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory tiling requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendme by the shareholders was/were sufficient for approval.	mt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 01/06/2018	ı
Signature Clock Marie	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other eappointed fiduciary by that fiduciary)	
UBALDO BLANCO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	