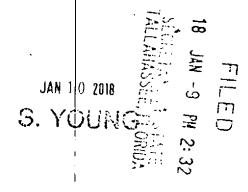


(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ily



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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: 1090 SOLD DOCUMENT NUMBER: P02000	14h, Inc.
The enclosed Articles of Amendment and fee are submitted to	or filing.
Please return all correspondence concerning this matter to the	following:
Name VO9 C	of Contact Person SOUTH rm/ Company
- 35210 NM	Boca Rutan, Blvd, #731
- Buca :	Ruton, FL 33431 State and Zip Code
E-mail address: (to be used for Ru	are annual report notification)
For further information concerning this matter, please call:	
Kelly Kigar Name of Contact Person	at (QSY) 20S 9339 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	
Certificate of Status Certi (Addi	75 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status (tional copy is Certified Copy osed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Article	S of	Incor	00781	ion
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Yma South	TAC
(Name of Corporation as currently	filed with the Florida Dept. of State)
Phanno	010427
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "I	"Company," or "incorporated" or the abbreviation To". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NA
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent SOLSW 54 (Florida stre	n Street
New Registered Office Address: BOCA Ra	City) Florida 33486 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position
Signatures of Nanc Re	egistered Agent, if changing
Signature of New Re	resistered 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:

F - 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 hold. 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.

Mike Jones, v as Remove.	, ana Sauy Smun,	SV as an Ada,	
Example: <u>X</u> Change	PT John D	lo <u>c</u>	i x
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>inith</u>	l .
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	_D_	James F. Kigar	8015W57NSt.
Add Remove			Buca Raton, AL 33486
2) Change Add	<u></u>	Kelly Kigar	801SW 5th St. Buca Rutan Fr
Remove 3) Change Add			33486
Remove			
Add Remove			
5) Change Add Remove			
6) Change Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NIA	
NIFF	1
	:
	1
	<u> </u>
	1
	•
	<u> </u>
	
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)	
NIA	
N_FT	•
.	<u> </u>
	<u> </u>

Tours 10118	
The date of each amendment(s) adoption:	n the
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 filing requirements, this date will not be listed a document's effective date on the Department of State's records.	is the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast 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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Touring 1, 2018	
Simple 1	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed liduciary by that fiduciary)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	