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And R. WHITE MAY 3 1 2018 TO HAY 29 AH II: 18

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TABADESA ASS	OCIATES, INC.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	THAMARA PEREZ		
		Name of Contact Perso	n
	TABADESA ASSOCIATES		
		Firm/ Company	
	419 W 49TH ST	Time Company	
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Cod	e
TAM	MYP@TABADESA.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
THAMARA PEREZ		at (558-0622
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
Amendment Section Division of Corporations			Iment Section on of Corporations
P.O. Box 6327			Building
Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

18 MAY 29 AM 11: 15

SECRETARY OF STATE TALKARYO, FOLORIBA

TABADESA ASSOCIATES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P02000047753 (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: 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) New Registered Office Address: 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 = 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{y}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	SABRINA DE LA FE	7141 MIAMI LAKES DR #O16
Add			MIAMI LAKES, FL 33014
X Remove			
2) Change	DT	BARBARA GARRIDO	10506 PASO FINO DRIVE
Add			WELLINTON, FL 33467
X Remove			-
$\frac{X}{X}$ Change	S	DEBORAH CELDRAN	419 W 49TH ST, STE. 111
Add			HIALEAH, FL 33012
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
f an amendment provides for an evol	hange, reclassification, or cancellation of issued shares,		
provisions for implementing the ame	endment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
_			
	 		

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 document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
5/24/201 Dated	
Signature	Thaman Jak
soted	director, president or other officer if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary
	THAMARA PEREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)