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COVER LETTER

TO: Amendment Section Division of Corporations

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1 1

NAME OF CORPO	ORATION: SUITE FOUR EN	TERPRISES, INC				
DOCUMENT NUM	P03000129240					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Peter Hoffmann					
	Name of Contact Person					
	Firm/ Company					
	C/O 355 ALHAMBRA CIRCLE SUITE 801					
	Address					
	CORAL GABLES, FL. 3313	4				
		City/ State and Zip Code	e			
pah(@turgo.us					
**	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Peter Hoffmann		at (6321054			
Name	e of Contact Person	Area Code & Daytime 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An Di P.0	ailing Address nendment Section vision of Corporations). Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

SUITE FOUR ENTERPRISES, INC.			\wedge
(Name of	Corporation as currently	filed with the Florida Dept. of State)	2019 NOV
P03000129240			NOV
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Fi	lorida Profit Corporation adopts the fol	llowing amendm
A. If amending name, enter the new nam	e of the corporation:		
N/A			The nev
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designat- word "chartered," "professional association	ion "Corp," "Inc," or "Ce	o". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if	annlicable:	N/A	
(Principal office address MUST BE A STR			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	
D. If amending the registered agent and/ new registered agent and/or the new i		ss in Florida, enter the name of the	
Name of New Registered Agent	!/A		
Nume of New Registered Agent		,	
-	(Florida stree	t address)	
M		, Florida	
New Registered Office Address:	((ity)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registers		th and accept the obligations of the nos	ition
Thereby accept the appointment as register	ea agent. Tam juminur wi	m um ucceps me vongunom oj me pos	
		· · · · · · · · · · · · · · · · · · ·	
	Signature of New Res	gistered 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 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>	<u>Addres</u> s
1) Change	DPST	PEREZ, ISAAC	C/O 355 ALHAMBRA
Add			CIRCLE SUITE 801
x Remove			CORAL GABLES, FL 33134
2) Change	DVP	ULIVI, IRENE	C/O 355 ALHAMBRA
Add			CIRCLE SUITE 801
X Remove			CORAL GABLES, FL 33134
3) Change	DPST	PETER HOFFMAN	C/O 355 ALHAMBRA
X Add		_	CIRCLE SUITE 801
Remove			CORAL GABLES, FL 33134
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Rumava			

E. If amending or adding additional Articles, enter change(s) here: . (Attach additional sheets, if necessary). (Be specific) N/A 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) N/A

. . . .

	, 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 filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)	
(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	
Signature (By a director, president of 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 fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	

. . . .

(Title of person signing)