P04000112391

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Adjustment 5	Specialists, Inc				
DOCUMENT NUMBER: P04000112391					
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
Ana Cristina Rodrigue:	z				
	Name of Contact Person	1			
Adjustment Specialists	Inc				
	Firm/ Company				
5400 S University Driv	e, Suite 608				
	Address				
Davie, Florida 33328					
	City/ State and Zip Cod	e			
cristina@adjustmentspecialist	ts com				
- · ·	be used for future annual report	notification)			
2 0000, 0000	as appeared annual report	,			
For further information concerning this matter,	please call:				
Ana Cristina Rodriguez	at (⁷⁸⁶	277-5120			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount n	nade payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	_	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Adjustment Specialists, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P04000112391 (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: N/A The new 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." 5400 S University Drive Suite # 608 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Davie, Florida 33328 C. Enter new mailing address, if applicable: 5400 S University Drive Suite # 608 (Mailing address MAY BE A POST OFFICE BOX) Davie, Florida 33328 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: Ana Cristina Rodriguez Name of New Registered Agent 5400 S University Drive Suite # 608 (Florida street address) Florida 33328 Davie New Registered Office Address: (City) 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.

Page 1 of 4

Signature of New Hegistered 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	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One) 1)Change	P ANA CRISTINA RODRIGHT 1435 NE 135 45T NORTH MUCH FL 33161
Add Remove 2) Change Add Remove	P ANA Cristina Rodrigue C 5400 S University Drive Swile #608 David FL 33328
3) Change Add Remove	
4) Change Add Remove	V Hear Janes Heyra 1435 ME1354 Street North Man FC 33161
5) Change Add Remove	V Hector Scurer Heyrs 5400 Summersety Drive Scurte #608 Davie FL 33328
6) Change Add Remove	

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	AI/A
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f an amandment provider for an arch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	, . Ι. Λ
	NA
 	
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	. 10/13/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
10 Effective date <u>if applicable</u> :	/13/2017	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	и
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	director, president or other officer – if directors or officers have not been	
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Ana Cristina Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	