P05000057823

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Albert M Silva CP	A PA			
DOCUMENT NUMBI	P05000057823				
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	Albert M Silva				
-		Name of Contact Person	1		
	Albert M Silva CPA PA				
<u></u>		Firm/ Company			
4	4710 NW 102 Avenue, #203				
	Address				
ī	Ooral, FL 33178				
-		City/ State and Zip Cod	e		
alsilva	@cpa-resources.com				
		sed for future annual report	notification)		
		·			
For further information	concerning this matter, plea	se call:			
Albert M Silva		at (310-5808		
Name 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)		
Amer Divis . P.O. I	ng Address Idment Section Idmon of Corporations Box 6327 Inassee FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Albert M Silva CPA PA (Name of Corporation as currently filed with the Florida Dept. of State) P05000057823 (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: SGO Advisory PA 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	<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	V	Cesar Gambino	4710 NW 102 Avenue, #203
X Add			Doral, FL 33178
Remove			
2) Change	<u>v</u>	Hector Ortiz	4710 NW 102 Avenue, #203
X Add			Doral, FL 33178
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
·	
an amendment provides for an exchorovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	•	
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 D	block does not meet the applicable statutory filing requirements, this capartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment afficient for approval.	(s)
	proved by the shareholders through voting groups. The following staten reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	,,,	-
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
June 9, 20	15	
DatedSignature	AUGA	
selecte	Hirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Albert M Silva	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	