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of 3/15/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Southern Comfort 3	Solutions, Inc.	
DOCUMENT NUM	P05000119266		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Ricardo Monzon		
	Southern Comfort Solutions,	Name of Contact Person Inc.	n
	10331 SW 145 Place	Firm/ Company	
	Miami, FL 33186	Address	
		City/ State and Zip Code	e
	ricky@scsacinc.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Ricardo Monzon		786 at (387-6322)
Namo	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	for the following amount made	payable to the Florida Depa	nriment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
M	ailina Address	Strant	Address

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

outhern Comfort Solutions, Inc.	2022 MAD O AMAI .
(Name of Corporation as currently filed with the Florida De	pt. of State
05000119266	
(Document Number of Corporation (if known)	SECRETARY OF STATE
arsuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> as Articles of Incorporation:	adopts the following amendment(
If amending name, enter the new name of the corporation:	
	The new
ame must he distinguishable and contain the word "corporation." "company," or "incorporated lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation chartered," "professional association," or the abbreviation "P.A."	or the abbreviation "Corp.," name must contain the word
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
P. 4	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address:	ame of the
new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida street address)	
Many Projectored (Office Address)	F1:.4_
New Registered Office Address: (City)	, Florida (Zip Code)
• •	(· · · · · · · · · · · · · · · · · · ·
ew Registered Agent's Signature, if changing Registered Agent:	
nereby accept the appointment as registered agent. I am familiar with and accept the obligation	ns of the position
icredy accept the appointment as registered agent. I am familiar with and accept the obligation	in sy ine promoni
creoy accept the appointment as registered agent. I am jaminar with and accept the obligation	sy me paomoni

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.

X Change	<u>PT</u>	John Do	DE	
X Remove	¥	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D	_	Reinaldo Aguilar Puentes	10101 SW 39th Terrace
XX Add				Miami, FL 33165
Remove				
2) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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

The date of each amendment		, if other than the
ate this document was signed.		
	3/4/2022	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this be Department of State's records.	date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	nt(s)
	e approved by the shareholders through voting groups. The following state of for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by N/A	,"	
	(voting group)	
3/4/20	22	
Dated	tella na	
Signature	a director, president or other officer – if directors or officers have not bee	<u></u>
	ected, by an incorporator — if in the hands of a receiver, trustee, or other ca	
	pointed fiduciary by that fiduciary)	out.
	Ricardo Monzon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	