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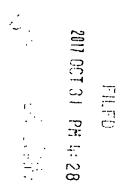
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	SERGIO A MESA	PA				
DOCUMENT NUMBER:	P06000021730					
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.				
Please return all correspondence	concerning this ma	tter to the following	ng:			
		SUSANA G	НО			
	Name of Contact Person					
	SERGIO A MESA PA					
-	Firm/ Company					
	12235 SW 129TH CT					
	Address					
	MIAMI, FL 33186					
 	City/ State and Zip Code					
		sgeng1206@y	ahoo.con	1		
E-m	ail address: (to be us	sed for future annu	ial report	notification)		
For further information concern	ing this matter, pleas	se call:				
Susana G Ho		at (786	368-7888		
Name of Contact	Area Code & Daytime Telephone Number					
Enclosed is a check for the follo	wing amount made	payable to the Flo	rida Depa	ertment of State:		
	3.75 Filing Fee & ertificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	у	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address				
Amendment S			Amendment Section			
Division of Corporations Division of Corporation P.O. Box 6327 Clifton Building						
Tallahassee, F	2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

SERGIO A. MESA .P.A.

2017 OCT 31 PM 4: 28

SERGIO A. MESA ,P.A.				<u> </u>
(<u>Name</u>	of Corporation as curren	tly filed with the Florida		
206000021730			W1 0	11 "[0
	(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporati	ion adopts the following	ng amendment
. If amending name, enter the new n	ame of the corporation:			
SOT APPLICABLE				The new
ame must be distinguishable and cor Corp.," "Inc.," or Co.," or the design ord "chartered." "professional associa	nation "Corp," "Inc," or	"Co". A professional co		bbreviation
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		NOT APPLICABLE		
				
Enter new mailing address, if appl (Mailing address MAY BE A POST		NOT APPLICABLE		
. If amending the registered agent as new registered agent and/or the ne			e name of the	
Name of New Registered Agent	NOT APPLICABLE			
Mante of Hear Neglotered rigem				
	(Florida s	treet address)		_
New Registered Office Address:	NOT APPLICABLE		. Florida	
THE TOR ME OF THE TANKENS.		(City)		Code)
		(City)	(Zip	Code)
New Registered Agent's Signature, if o				
hereby accept the appointment as regis	tered agent. I am familiar	with and accept the oblig	ations of the position.	
	Signature of New	Registered Agent, if chang	ring	_

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 Doc	
X Remove	<u>V</u> .	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	CFO	KALOK GENG	12235 SW 129TH CT
X Add			MIAMI, FL 33186
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 Arti (Attach additional sheets, if necessary).	(Be specific)	e <u>(s) nere</u> :		
NOT APPLICABLE				
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	.			
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F. If an amendment provides for an exch	iange, reclassifica	tion, or cancellati	ion of issued share	S,
provisions for implementing the ame	ndment if not con	tained in the ame	ndment itself:	_
(if not applicable, indicate N/A) NOT APPLICABLE				
TOTAT EICABLE				
		<u></u>		
			.	
				

	SEPTEMBER 24, 2017	
The date of each amendment(s) a date this document was signed.		, if other than the
	* /	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	
	(no more than 90 days after amenament fite i	aate)
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	: amendment(s)
☐ The amendment(s) was/were approvided for	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	owing statement dment(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 add action was not required.	pted by the board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and sl	hareholder
October Dated	24, 2017	
Signature	20/24/2	
(By a d selecte	irector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	SUSANA HO	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	