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SECTIARY OF STATE

DIVISION OF CORPORATIONS

4.8 16

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

COVER LETTER

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

to

Articles of Incorporation

	FILEU DARY DE JIAN DE CORPURATIONS
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Fremer Chality In	SUMPLUCE COMPAPR-1 AM 7:55
(Name of Corporation as currently filed with the	Florida Dept. of State)
PD 60000376	()
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Timeput Office undress MOST BE A STREET ADDRESS)	
C. Fatan and analysis address if annihilation	
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 ad new registered agent and/or the new registered office addre	
	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address: (Ci	, Florida (y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	
,	
Signature of New Registere	d 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.

Mike Jones, 1' av Remo	ve, and Sally Smith, .	SV as an Add.	
Example: X Change	PT John Do	<u>oe</u>	
X Remove	V Mike Jo	nes	
_X Add	SV Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	Pres Pres	Jerry I. Rodriguez Dors E. Rodriguez	PO BOX 1350 Port Richey FL 34673 34673 34673
2) Change Add Remove 3) Change	Treasurer Treasurer	Jerry I. Rodriguez Donis E. Rodriguez	
Add Remove			
4) Change Add Remove			
5) Change			
6) Change			
Remove			

(Attach additional sheets, if necessary). (
				
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If an amendment provides for an exchan provisions for implementing the amend	ge, reclassification, o	or cancellation of iss d in the amendment	ued shares, itself:	
(if not applicable, indicate N/A)	1 1000	dua ha		H 102070
of Jan Sanos	18 GEZ	mier ()	eby gray	
COVO to the	Meu)	<i>311</i> 11 (31 1 (31	tand 4	LASUMWER Agasurer
	haguez	Presider	ile Mai	ch 31,201
and in the	ua gua	- (3) 760	1100	MANJITOWA

The date of each amendment(s) adoption: Mark of State ARY OF STATE
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)
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 3/31/2018
Signature Don's E. Boch guer
(By a director, president or 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)
Dorio E. Bodniquez
(Typed or printed name of person signing)
Shareholder
(Title of person signing)