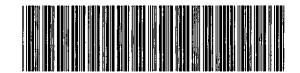
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## **COVER LETTER**

TO: Amendment Sect Division of Corp				
NAME OF CORPOR	770	1A FL	ORING,	?hc
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	•	
Please return all corres	spondence concerning this ma	accer to the following:		
	Tavid	AREO E ON Contact Perso	<u>A</u>	
	-71A	FLOORIA	16, inc	
	4704 NW	Firm/Company  Address	+207.	
	TORAL	City/ State and Zip Cod	3178	
	E-mail address: (to be us	sed for future annual report	noufication)	
Tai	or concerning this matter, please	0/EdA. 786	de & Daytime Telephone Number	8
Enclosed is a check for	the following amount made 1	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)	
Moil	ina Addussa	Com	A delman	

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

## Articles of Amendment to

## Articles of Incorporation

	TIONS	NC in			
(Name of Corporation as curre	ontly filed with the Flori	da Dept. of State)		_	
V	0600002	8786			
(Document Num	ber of Corporation (if known	own)	<u> </u>	<del></del>	
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this <i>Flor</i>	ida Profit Corporation ad	opts the following	ng amendment	(s) to
A. If amending name, enter the new name of	the corporation:				
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	"Corp," "Inc," or "Co"	A professional corporat	rated" or the distance must	The new abbreviation contain the	
B. Enter new principal office address, if appl. (Principal office address MUST BE A STREET				_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )			- - -	
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address i tered office address:	n Florida, enter the name	of the	12 HAR 2	1
Name of New Registered Agent		<del></del>		26 AM	20
<del></del>	(Florida street ac	ldress)		6: 9	8
New Registered Office Address:		, Florida_		_ 51 }	h h
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing	Registered Agent;				
I hereby accept the appointment as registered ag	eni. I am Jamiliar with a	ina accept the obligations	oj ine 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.

X Change	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jones	<u>s</u>				
X Add	<u>sv</u>	Sally Smith	1				
Type of Action (Check One)	Title	Ne	<u>ame</u>		<u>Addres</u> s		
1)ChangeAddRemove	VP	<u> </u>	enneth R	Riker	4704 MU	114 Ave +	<del>1</del> 202.
2)Change Add Remove	Y	<u>.</u> Д	ngel his	Aguiar	4704 N	W 114 Ave FL 33178	#202
3) Change Add Remove		<del></del>					
4) Change Add Remove			·····	·			
5) Change Add Remove			<del></del>	<del></del>			
6) Change Add Remove	<del></del>	<del>-</del>					

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
an amendment provides for an excha rovisions for implementing the amen- (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
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 03/20/20/2
Signature
(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)
Marid ARROLEDA
(Typed or printed name of person signing)
PRESIDENT.
(Title of person signing)