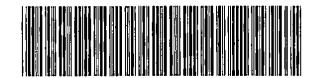
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(Re	questor's Name)		
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Special Instructions to	Filing Officer:		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Specializ	red Investment Solutions, Inc.
document number:P0600	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Specialized  606 3 <sup>rd</sup> Av  Bradenton, Fl	Name of Contact Person  I Investment Solutions, Inc. Firm/ Company  EW#306  Address  34205  City/ State and Zip Code  sed for future annual report notification)
For further information concerning this matter, plea	ise call:
Hector Escura Tr.  Name of Contact Person  Enclosed is a check for the following amount made	at (941 ) 447-3687  Area Code & Daytime Telephone Number  payable to the Florida Department of State:
S35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
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

Articles of inco	orporation
Specialized Investment Solution	ns / m.
P0600057542	,
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	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 "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	606 3rd AVEW # 306
(Francipal office address MOST BE A STREET ADDRESS)	Bradenton, Fl 34205
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	606 3rd AVE W #306
	Bradenton, F1 34205
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address: 606 3rd Ave. V	N#306 Bradenton Florida 34205 (Zip Code)
New Registered Agent's Signature if changing Degistered Agents	TO AUG
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position:
Signature of New Re	egistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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: <u>X</u> Change	<u>PT</u> John	<u>  Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>r Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	?	Francesca M Nager	3006 73 12 51 E
Add		J	Bradenton, Fl 34208
_X_ Remove			
2) Change	<u>D</u>	Hector Escuza Jr.	3006 73 Nd ST E
Add			Bradenton, Fl 34208
X Remove			
3 ) Change	P, CEO	Hedor EscuzaIr	606 3rd AVE W #301
_X_ Add			Bradenton, Fl 34205
Remove			<u> </u>
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Arti vets, if necessary).	(Be specific)			
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f an amendment properties for imple	<u>ovides for an exch</u>	iange, reclassifica	tion, or cancellation	on of issued shares,	
(if not applicabl	e. indicate N/A)	nament ii iiot con	itamed in the ame	ngment itsen.	
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	ite will not be listed as the
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.	s)
☐ 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):	3H.
"The number of votes east 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.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(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 cour appointed fiduciary by that fiduciary)	
FRANCESCA NAGER (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	