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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SETH DOLFFING		
DOCUMENT NUMB	ER:		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
:	SETH DOLFI		
-		Name of Contact Persor	1
-		Firm/ Company	
	10343 SW 142 ST	·	
-		Address	· · · · · · · · · · · · · · · · · · ·
: -	MIAMI, FL 33176		
		City/ State and Zip Code	
SUSY	TORANO@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SUSY TORANO-DOI	.F1	305	905-0741
Name of Contact Person		at (305) 905-0741 Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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SETH DOLFLING.					
(Name of Corporation	as currently fi	led with the Florida De	pt. of State)		
P06000093106					
(Documen	nt Number of Co	rporation (if known)		 -	
Pursuant to the provisions of section 607,1006. Florida S its Articles of Incorporation:	statutes, this <i>Flo</i>	rida Profit Corporation	adopts the fol	lowing amendmei	าแร
A. If amending name, enter the new name of the corp	oration:				
				The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc." or "Co"	". A professional corpe	porated" or oration name	the abbreviation	
B. Enter new principal office address, if applicable:			<u></u>		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>PESS</u>)			33	_
	•			- 150 -	
	-			<u>⊃</u>	ļ
C. P. Annual and M. and March March Backers				무 구 구	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	,			7.	;
	- -			製した	2
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter the n	ame of the		
Name of New Registered Agent					
Name of New Negistered Agent					
	(Florida street	arthure)			
	(r it/ridd sirter)	ana (33)			
New Registered Office Address:	(Ci		Florida	(Zip Code)	
	10.4	Ņ)		12.47 (0.10)	
New Registered Agent's Signature, if changing Regist	tered Agent				
Thereby accept the appointment as registered agent. To	am familiar with	and accept the obligation	ons of the pos	ition	
		ŕ			
Signati	ure of Nove Real	Stered Agent if changing	(7		

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	ASUNCION TORANO-DOLFI	10343 SW 142 ST
X Add			MIAMI, FL 33176
Remove			
2) Change	<u></u>		
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exc provisions for implementing the am	hange, reciassificat	ion, or cancellation	of issued shares	2
provisions for implementing the am	enament it not cont	amed in the amen	intent itsen.	
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory fifing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendn sufficient for approval.	nent(s)
	oproved by the shareholders through voting groups. The following stoor each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
hy		
	(voting group)	
☐ The amendment(s) was/were acation was not required.	dopted by the board of directors without shareholder action and share	holder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and sharehold	er
	director president ox other office? – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or other	
appo	inted fiduciary by that fiduciary)	
	SETH I. DOLFI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>

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