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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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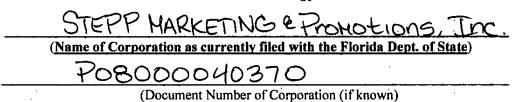
COVER, LETTER

TO: Amendment S Division of C			٠.
NAME OF CORI	PORATION: STEPP H	ARKETING & Promod	tions, Inc.
DOCUMENT NU	MBER: <u>PO8000</u>	040370	
The enclosed Artic	cles of Amendment and fee ar	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
		A. ORTIZ	·
-	Na	ame of Contact Person	
	STEPP MARK	KETING & Promoty	ons.Inc.
	5653 CHAR	LESTON ST Address	
-		·	
	Orlando,	FL 32807 ty/State and Zip Code	
4 .	Ci	ty/ State and Zip Code	
	K\//	2	
	E-mail address: (to be used	for future annual report notification)	
	ation concerning this matter, _[please call:	
Juug A	1. Ortiz	at (321) 303-	1394
	of Contact Person	at (321) 30 52 Area Code & Daytime Tel	
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depar	tment 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 A	ddress	Street Address	
Amendmer		Amendment Section	
•	Corporations	Division of Corporations	
P.O. Box 6	327	Clifton Building	
Tallahassec	e, FL 32314	2661 Executive Center Circl	e

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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WILL SO WILL OF

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. It amending name, enter the new name of the corporation	<u>:</u>
N/A	The new
name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	rp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	ress:
Name of New Registered Agent: JOUO	A. ORTIZ
New Registered Office Address: (Florid	HAMOSTON St da street address)
Orland (City)	, Florida 32807 (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:
I hereby accept the appointment as registered agent. I am famil	

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)

Title	<u>Name</u>	Address.	Type of Action
Pres.	JULIO A. ORTIZ	5653 CHARLESTON Orbindo, FL 32807	
P	Roberta Rotriguez	5153CHArleston Orlando, FL 32507	S Add
· —————			Add Remove
	ding or adding additional Articles, entered distinct of the special distinct o		
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F. If an a	mendment provides for an exchange, re ions for implementing the amendment i	eclassification, or cancellation f not contained in the amendn	of issued shares, nent itself:
(if)	not applicable, indicate N/A)		:
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		,	

The date of each amendment(s) adoption: $\frac{7/26}{}$	10		
Effective date if applicable:		pption is required)		,
Effective date in applicable:	(no more than 90 days after ar	mendment file date) .		
•	•			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/were		The number of votes cast for	or the amendment(s)	
	e approved by the shareholders for each voting group entitled			
"The number of votes c	ast for the amendment(s) was/v	were sufficient for approval		
by		»,		
	(voting group)	1		
The amendment(s) was/were action was not required.	e adopted by the board of direc	tors without shareholder act	ion and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators	without shareholder action a	ınd shareholder	
Dated	126/10	_		
selec	director, president or other of ted, by an incorporator – if in tinted fiduciary by that fiduciar	the hands of a receiver, trust		
• •	Julio A OR (Typed or printed	name of person signing)		
_ · : _	Preside	nt	······································	ليونسو د ماراي النمو مروا ا
	(Title of person signin	g) ,	•	