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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ELECTRONIC SIGN SUPPLY, CORP			CORP		
DOCUMENT NUMBER:	PO\$00049723				
The enclosed Articles of Amenda	nent and fee are s	ubmitted for filing.			
Please return all correspondence	concerning this ma	atter to the following:			
		EDUARDO A AZOY E	A		
	Name of Contact Person				
		AZOY TAX			
		Firm/ Company			
		4901 NW 17TH WAY SU	ITE 306		
Address					
FORT LAUDERDALE, FL 33309 City/ State and Zip Code					
E-ma	il address: (to be u	sed for future annual report	notification)		
For further information concernir	g this matter, plea	se calf:			
EDUARDO A AZOY EA Name of Contact Person		at (229-1652		
		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	artment of State:		
	.75 Filing Fee & tificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

ELECTRONIC SIGN SUPPLY, CORP.

(Name of Corporation	on as currently filed with the Florida Dept. of	State)
	P08000049723	
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new name of the co	rperation:	
	NO	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co". A professional corporation	d" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	NO NO	1 T
		7 TO TO TO
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of	the the
Name of New Registered Agent	NO NO	····
	(Florida street address)	
New Registered Office Address:	(City), Flor	rida (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		he position.
Signa	ture 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 = ChiefExecutive 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.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>_Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PTD	LUIS A SUAREZ	6832 NW 77 COURT
Add			MIAMI, FL 33166
Remove			
2) Change	VD	JOSE R SUAREZ	6832 NW 77 COURT
X Add			MIAMI, FL 33166
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
6) Characa			
6) Change		-	
Remove			

Attach additional sheets, if necessary),	(Be specific)	
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f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassifica adment if not con	ntion, or cancellation of issued shares, ntained in the amendment itself:
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	OCTOBER 27, 2017	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:	OCTOBER 27, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) dicient for approval.	
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoption was not required.	ted by the incorporators without shareholder action and shareholder	
Dated y Signature	This Alfonso Svaser H.	
selected.	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	LUIS A SUAREZ	
-	(Typed or printed name of person signing)	 _
	PRESIDENT	
-	(Title of person signing)	