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COVER LETTER

Division of Corporations
NAME OF CORPORATION: SIS Brothers The DOCUMENT NUMBER: C C8614272437 - P09000024419 DOC #
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SABAS ARENAS Name of Contact Person S S Brothers INC. Firm/ Company 6338 No Hwy 27 Address O CALA FL, 34482 City/ State and Zip Code Sardenocala yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ARMELY OR SABAS A, at (352) 351-0330 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$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

TO: Amendment Section

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 Artičles of Incorporation

Articles of Amendment to Articles of Incorporation of	-34
Articles of Incorporation	The state of the s
2+2 12LOLURS TUC	,
(Name of Corporation as currently filed with the Florida Dept. of State)	
P09000054419	ريي
(Document Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	ent(s) to
A. If amending name, enter the new name of the corporation:	
The nev	w
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and agreept the obligations of the position.	
Thereby accept the appointment as registered agent. I am jamiliar with and agreept the obligations of the position.	
Signature of New Provinced Land 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.

Example: X Change	<u>PT</u>	John Do	<u>ne</u>			
	<u>v</u>	Mike Jo				
X Remove						
X Add	<u>sv</u>	Sally St	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change					6338 N.	Hwy 27
Add	YP)	ARENAS,	PETRA	DCALA	FL 34482
Remove	ナ		ARMELY	HERNAN	DEZ	
2) Change		_				
Remove						
3) Change		 -				
Remove			·			
4) Change		_				
Add Remove						
5) Change		_				
Add Remove						
6) Change		·-				····
Add						· · · · · ·
Remove						

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					TOVINE
KRMI	ELY H	1 AND	ADDING.	PETRA	AREN .
an amandm	ent provides for	an avahanga raalassis	ication, or cancellation	of issued shares	
rovisions for	r implementing to	he amendment if not c	contained in the amend	ment itself:	

The date of each amendme date this document was sign		_, if other than
Effective date <u>if applicable</u>		
песиче часе <u>и аррисави</u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	vere approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/v action was not required.	vere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder	
Dated	07/11/14	
Signature	Dunken (m. A)	_
	(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)	
	SABAS APFNAS	
	SABAS ARENAS (Typed or printed name of person signing)	-
	OWNER	
	(Title of person signing)	-
	المراجعة الم	=
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