P100000 45295

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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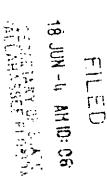
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: 312 STRENGTH	CORP	
DOCUMENT NUME	P10000045295		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	David Bauer		
		Name of Contact Person	
	The Bauer Law Office P.A.		
		Firm/ Company	
	814 Ponce de Leon Blvd, Su	ite 210	
		Address	
	Coral Gables, FL 33134		
	•	City/ State and Zip Cod	e
angel	@312holdings.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call: at (712-7979
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

1	ו	ς.	ſΈ	EN	JC:TI	40	ORP

(Name of Corporation as currently filed	with the Florida Dept. of State)
P10000045295	
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", 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)	
Trincipal tijjikė addrėss <u>most bi. A strkii, t Atriokoss</u>)	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
	第4 上 下
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	भूद 🕦
	
	
D. If amending the registered agent and/or registered office address in I new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
(Florida street addr	ess)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and	l accept the obligations of the position.
	ed Avent 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.

K.xampte: 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	P	Angel Feri	nandez Jr.	814 Ponce de Leon Blvd, Suite 219		
X Add				Coral Gables, FL 33134		
Remove						
2) Change	P	312 STRE	ENGTH CORP	814 Ponce de Leon Blvd, Suite 219		
Add				Coral Gables, FL 33134		
X Remove						
3) Change	-	_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	_		
				<u></u>
f an amendment provides for an exch	ange, reclassification, o	r cancellation of iss	sued shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained	in the amendment	<u>itself:</u>	
	_			
			<u> </u>	

May 31, 2018 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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.	
☐ 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):	
"The number of votes cast 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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	_
(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)	
Angel Fernandez Tr. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	·
(Title of person signing)	
(Title of person signing)	