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	II.
(Requestor's Name)	
(Address)	
(Address)	
(National)	
(City/State/Zip/Phone #)	i
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

	COVER LETTER
TO: Amendment Section Division of Corporations	The state of the s
NAME OF CORPORATION: DOCUMENT NUMBER: 9 1	whos MASONNY INE
DOCUMENT NUMBER: 911	000056398
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
140 9	Name of Contact Person Name o
	Name of Contact Person
Frank	a Musoary Ive
li li	Firm/ Company
PMB 34	3 you Nive mile Pd #2
	Address
Source	int 72 32339
	City/ State and Zip Code
Larus9 G	used for future annual report notification)
E-mail address: (10 b	used for future annual report notification)
For further information concerning this matter, p	lease call:
Hogo Questas	
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
(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 amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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 <u>MUST BE A STREET ADDRESS</u>)
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 Augo Tuentes
Name of New Registered Agent You wire mile 24 # 2 (Florida street address)
(Florida street address)
New Registered Office Address: Pew Sucolo (City) Florida 32534 (City) (Zip Code)
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
H. Kales
Signature of New Registered Agent, if changing
Signature of isew Registered Agent, if changing

Executive Officer: CFO held. President, Treasure Changes should be noted a change, Mike Jones let Mike Jones, V as Remove Example:	Presiden = Chief i er, Direct I in the fo aves the c e, and Sai	t; T= Treas Financial C or would be dlowing ma corporation by Smith, S	ourer; ; Officer. PTD. nner. Sully Vas an	i= Secretary; D= Director; TR= Trustee; C = C If an officer/director holds more than one title, Currently John Doe is listed as the PST and Mike Smith is named the V and S. These should be note	list the first letter of each office Jones is listed as the V. There is
X Change	PT	John Doe			
\underline{X} Remove	<u>V</u>	Mike Jon	<u>es</u>		
<u>X</u> Add	<u>sv</u>	Sally Smi	<u>tb</u>		
Type of Action (Check One)	<u>Title</u>	i	Name 	<u>Addres</u> s	
1) Change		 .	11	· · · · · · · · · · · · · · · · · · ·	
Add					
Remove					
2) Change					
Add				1. / 7	
Remove					
3) Change			<u> </u>		
Add					
Remove					
4) Change		 -			
Add					
Remove					
5) Change		- -			
Add					
Remove			ľ	 	
6) Change		 -			
Add					
Remove					

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)

E. If amending or adding additional Artic	:les, enter change(s) here:
· (Attach additional sheets, if necessary).	(Be specific)
	1
	TO TO
	
F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(g not applicable, maleux 14,11)	
	/ · · · · · · · · · · · · · · · · · · ·
-	

The date of each amendment(s) adoption: _	9-1-2017	, if other than the
date this document was signed.	1-2017	
Effective date <u>if applicable</u> : 7-7	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this block does adocument's effective date on the Department of	not meet the applicable statutory filing requirements, this dat State's records.	te will not be listed as the
Adoption of Amendment(s) (<u>CI</u>	(<u>HECK ONE</u>) 	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s approval.)
	shareholders through voting groups. The following statemes group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the ame	 ndment(s) was/were sufficient for approval 	
by		
(vo	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	r
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated 9/1/2	0/7	
Signature Hun Fie	 	
(By a director, pre- selected, by an inc	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)	· ·
	Logo front	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	