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COVER LETTER

FO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: SKORPIOS INVI	ESTMENTS INC	<u> </u>
DOCUMENT NUMBER	P12000010791		
The enclosed Articles of A	mendment and fee are si	abmitted for filing.	
Please return all correspon-	dence concerning this ma	atter to the following:	
		MANUEL HERNANDEZ	;
		Name of Contact Persor	1
		SKORPIOS INVESTMEN	NTS INC
		Firm/ Company	
819	0 SW 8th STREET Suite	s 226 & 227	
		Address	, · -
MD	AMI, FL 33144		
		City/ State and Zip Code	
manuel33	178@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information cor	cerning this matter, plea	se call:	
MANUEL HERNANDEZ		at () 399- 3782 le & Daytime Telephone Number
Name of Co	ntact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	rtment 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)
Division P.O. Box	ent Section of Corporations	Amendi Division Clifton	Address nent Section n of Corporations Building Recutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SKORPIOS INVESTMENTS INC		
(Name of Corporation	on as currently filed with the Fl	orida Dept. of State)
P12000010791		
(Docum	nent Number of Corporation (if kn	lown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Cor	poration adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the o	," "Inc," or "Co". A profession	r "incorporated" or the abbreviation
B. Enter new principal office address, if applicable	<u> </u>	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)	- 18 - 18
	· · · · · · · · · · · · · · · · · · ·	[S
C. Enter new mailing address, if applicable:		St. P. M
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)	<u> </u>
	_ 	07: F
		# # # # # # # # # # # # # # # # # # #
		<u> </u>
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		er 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 Regit hereby accept the appointment as registered agent.	istered Agent: Lam familiar with and accept the	abligations of the position
The second are approximately the registered agent. I	i san jaminar min ana accept the	verigiations of the 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 = 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	OLGA HAMANA	11402 NW 69TH TERRACE
Add X Remove			MIAMI, FL 33178
2) X Change	PDS	MANUEL HERNANDEZ	7106 NW 116th CT
Add			DORAL, FL 33178
Remove			
3) Change			,
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Ramova			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
		<u> </u>
		·
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		· · · · · · · · · · · · · · · · · · ·
		<u>.</u>

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
,	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
09/13/201 Dated	8
Signature	Sture I
selecte	director, president or other officer – if directors or officers have not been and, by an incorporator – if in the hands of a receiver, trustee, or other court attended fiduciary by that fiduciary)
	MANUEL HERNANDEZ
	(Typed or printed name of person signing)
	DVS
	(Title of person signing)