P13000010305

(Reque	stor's Name)	(
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JAN 19 2017

C LEWIS

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: 5 INC				
DOCUMENT NUMBER:	6 plus check (1)			
The enclosed Articles of Amendment and fee are submit				
Please return all correspondence concerning this matter	to the following:			
Jose Guill	ermo Suorez Name of Contact Person			
	Firm/ Company			
<u>11514 5W</u>	Address			
Mig	ni Fl 33196			
	City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tose Guillermo Suarez at (305) 338-6722 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:			
Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\sum_{\text{\$52.50\$ Filing Fee}}\$ Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to . Articles of Incorporation of



2017 JAN 17 PM 1:36

SINNA 3	INC
(Name of Corporation as current	tly filed with the Florida Dept, of State)
P.13000010305	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	11514 SW 149 ct
	Migmi 7 33196
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11514 SW 149 ct
	Miami 7 33196
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent Jose Guil	leimo Suarez
11514 6u	149 ct
.00	22.04
New Registered Office Address: Miani	(City), Florida 33 196 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
aftre -	
A History	
Al Signature of New	Registered Agent, if changing
TV Signification of them	

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.

X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>F</u>	Mathalia Sugrez	11514 Ju 149 et
Add			Miami 7/ 33196
Remove			
2) Change	$\overline{\mathcal{P}}$	Jose Guillermo Suarez	- 11514 5W 149 c
X_ Add			Migmi 71 33194
Remove			
3) Change	VP	Sylvia R Svarez	11514 SW 149ct
X Add		•	Miami 7 33196
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	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

	: 1	H CRETA	ilut Nov		1.1.	f.a .a
The date of each amendment(s) adoption:date this document was signed.	51.715 C1716	ON U	F CO	1170	ther	than the
Effective date if applicable: (no more than 90 days after amendment file date	2017	J <u>an</u>	17	PM	1:	36
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.		date	will r	ot be	liste	ed as the
Adoption of Amendment(s) (CHECK ONE)						
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amby the shareholders was/were sufficient for approval.	endme	nt(s)				
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment		ement				
"The number of votes cast for the amendment(s) was/were sufficient for approval						
by" (voting group)						
(voting group)						
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareho	lder				
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder					
Signature (By a director, president or other officer – if directors or officers have	not be	en		_		
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	other c	ourt				
(Typed or printed name of person signing)						
Resident. (Title of person signing)						