

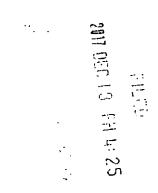
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C. GOLDEN DEC 1 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALSA 1704 INC.		
DOCUMENT NUME	ER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Alexander Eynis		
		Name of Contact Persor	1
	Attorney		
		Firm/ Company	
	20801 Biscayne Blvd, Suite	103	
		Address	
	Aventura, FL 33180		
		City/ State and Zip Code	e
eynis:	@outlook.com		·
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Alexander Eynis		at (<u>305</u>	935-4079) de & Daytime Telephone Number
Name (of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILES

2017 DEC 18 PM 4: 25

ALSA 1704 INC.				
(<u>Name</u>	of Corporation as cui	rrently filed with the Flor	ida Dept. of State)	
P13000017377			•	•
-11-	(Document Num	nber of Corporation (if know	vn)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes	, this <i>Florida Profit Corpo</i>	ration adopts the following amend	.ment(s) to
A. If amending name, enter the new na	me of the corporatio	<u>ın:</u>		
			The n)(*11;
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," Inc,	or "Co". A professional	"incorporated" or the abbreviati	ion
B. Enter new principal office address, (Principal office address <u>MUST BE</u> A S		-		
				-
				-
C. Enter new mailing address, if appli				
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u>)			-
				_
		_ 		_
D. If amending the registered agent an	d/or registered office	address in Florida, enter	the name of the	
new registered agent and/or the new				
Name of New Registered Agent	Jaime Saba Kably			
	1000 Island Blvd., U	nit 1704		
	(Flori	da street address)		
New Registered Office Address:	Aventura		, Florida 33160	
		(City)	(Zip Code)	_
New Registered Agent's Signature, if cl				
I hereby accept the appointment as regist	ered agent. I am fami	diar with and accept the ob	ligations of the position.	
	V			
×	<i>1</i> /			
<u>©</u>	Signature of A	lew Registered Agent, if che		
	,	42 - 12 - 11	** **	

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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	Isidoro Dichi Mohana	1000 Island Blvd.
Add			Unit 17()4
X Remove			Aventura, FL 33160
2) Change	DP	Jaime Saba Kably	1000 Island Blvd.
X Add			Unit 1704
Remove			Aventura, FL 33160
3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

onen noumman Siit	ng additional Articl cets, if necessary).	(Be specific)			
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·	-	<u> </u>		-	
		 -			
. <u></u>					
<u>in amendment pro</u>	ovides for an exchan ementing the amend	ge, reclassificat	<u>ion, or cancellati</u>	ion of issued share	<u>28.</u>
(if not applicable	e, indicate N/A)	ment it not cont	ainen in ine aine	moment aseit:	
	· · · · · · · · · · · · · · · · · · ·				
					
				-	<u></u>

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this ment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffici-	by the shareholders. The number of votes east for the amendment for approval.	u(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following states is voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for t	he amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
December 8, 20 Dated Signature X		
(By a directon selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other co ductary by that fiductary)	n urt
Jain	ne Saba Kably	
	(Typed or printed name of person signing)	
Dire	ctor & President	
	(Title of person signing)	