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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION: MASAJA & ASSO	OCIATES INC			
DOCUMENT NUMBER: P13000050648					
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	MABEL ROMANIUK				
	H	Name of Contact Persor	1		
	MABEL ROMANIUK & ASSOCIATES PA				
		Firm/ Company			
	1689 NE 123RD ST				
	Address				
	NORTH MIAMI FL 33140				
		City/ State and Zip Code	e		
MA	BELROMANIUK@BELLSOU	JTH.NET			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas				
MABEL ROMANIL	J K	at (305	8932669		
Name	e of Contact Person	Arca Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
M:	ailing Address	Street	Address		

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MASAIA & ASSOCIATES INC.

MASAJA & ASSOCIATES INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P13000050648	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
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 "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". 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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	215 S
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
<u> </u>	
(Florida stree	t address)
New Registered Office Address:	, Florida (Zip Code)
(C	(Dip Coac)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	ristered 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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>ıc</u>		Address
1) Change	P	EDU	JARDO DANIEL V	ELEZ	5161 COLLINS AVE APT 622
X Add					MIAMI BEACH FL 33140
Remove					
2) Change				111.700000	
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Pamova					

Attach additional sheets, if necessary).	(Be specific)
	
an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
	(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 datepartment of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(ufficient for approval.	s)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder	
09/04/15 Dated Signature		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	EDUARDO DANIEL VELEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	