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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SEGURO QUE SI	INC			
DOCUMENT NUME					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	NOEL PEREZ				
		Name of Contact Person	1		
	SEGURO QUE SI INC				
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
	1248 S JOHN YOUNG PKW	ľΥ			
		Address			
	KISSIMMEE, FL 34741				
		City/ State and Zip Code	e		
DJEW	/ETT12@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas		443-9130		
	of Contact Person	at (321	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	☐S43.75 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 Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec. FL 32301		

Articles of Amendment to Articles of Incorporation of

SEGURO QUE SI INC					
(Name of Corporation as currer	tly filed with the Florida Dep	ot. of State)			
P13000070981					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profu Corporation :	adopts the fo	llowing an	nendme	nt(s) to
A. If amending name, enter the new name of the corporation:					
			Th	e new	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"Co". A professional corpor "P.A." 6925 Lake Ellenor Dr Suite 450 Orlando, FL 32809 6925 Lake Ellenor Dr	orated" or ration name	the abbre	eviation the 2019 SEP 23 PH 6: 34	
	Suite 450 Orlando, FL 32809				
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		ime of the			
Name of New Registered Agent					
(Florida	street address)				
	,	. Florida			
New Registered Office Address:	(City)	: F101104	(Zip Cod	(e)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligatio	ons of the pos	sition.		
Signature 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
റി Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		
		
		
	·	
· -		
If an amendment provides for an exch provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and industrial ind	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:	
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days	afier amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numb- by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated 9/18/2019	
Signature / //	
(By a director, president or other officer – if selected, by an incorporator – if in the hands	
appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
Noel Pe	rlZ
(Typed or printed name of	
Prisida	ent
(Title of pers	on signing)