P14000055480

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SECRETARY OF STATE

JUL 22 2015 D CONNELL . .

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SUDDIMENT Trivius or Corp. DOCUMENT NUMBER: P1400055480
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Supplement Transfor Corp Firm/Company 7576 / Ath Lane N Address Lugst Palm Beach, Fl 334/8 City/ State and Zip Code Farman & Supplement Innovator. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Franciaco Rodríguez at (172) 202.8216 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is cnclosed) S35 Filing Fee Certificate of Status (Additional copy is cnclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

· 维集中的1984年1月27日。

Articles of Amendment Articles of Incorporation

FILED

, Florida

(Zip Code)

15 JUR 22 PH 4: 03 SECRETARY OF STATE SUPPLEMENT INNOVATOR CORP (Name of Corporation as currently filed with the Florida Dept. of State), SSEE P14000055480 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.." or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent \ (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	Name	Address
1) Change			
Add			
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	***************************************	nder einskalten der French mit der Freihande von der Alle Vertillen (1994)	
Rcmovc			
5) Change			
Add			
Remove			
6) Change			
Add	· · · · ·		
Remove			

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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V	
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<u>, , , , , , , , , , , , , , , , , , , </u>	
n amendment provides for an exchovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
-	
<u></u>	, t t, t t, t

. . . .

The date of each amendment(s) adoption: (5, 30/5), if other than the date this document was signed.
Effective date if applicable: \(\sum_{\text{Un}}\) \(\sum_{\text{5}}\) \(\sum_{\text{5}}\)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
I The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated July 222015
Signature Francisco Rodriguez
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator - if in the bands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Francisco Rodriguez
(Typed or printed name of person signlig)
Prosident
(Title of person signing)