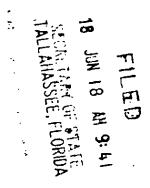
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JUN 1 9 2018 S. YOUNG

RECRETARY OF STATE AHASSEE, FLOOR

April 25, 2018

BIBIANA HODGETTS 8403 NW 20TH PLACE CORAL SPRINGS, FL 33071

SUBJECT: SUPER HAPPY FIESTA CORPORATION

Ref. Number: P14000066113

We have received your document for SUPER HAPPY FIESTA CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

www.sunbiz.org

Letter Number: 118A00008570

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	SUPER HAPP	Y FIESTA COI	RPORATIO	N
DOCUMENT NUMBE	P14000066113			
The enclosed Articles of	Amendment and fee are su	bmitted for filir	<u>រ</u> ម្ជ.	
Please return all correspo	ndence concerning this ma	tter to the follow	ving:	
		BIBIANA H	ODGETTS	
_		Name of Co	ntact Person	1
		Firm/ C	ompany	
		8403 NW 201	• -	
_		Ado	lress	····
	(CORAL SPRIN	GS, FL 330	71
_		City/ State a	nd Zip Code	•
	bibiana	.@hodgetcalvac	heaccountir	ng.com
	E-mail address: (to be us	sed for future ar	nual report	notification)
For further information c	oncerning this matter, pleas	se call:		
BIBIANA HODGETTS		at (954	825-6360
Name of 0	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the F	lorida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 File Certified C (Additional enclosed)	`opy	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUPER HAPPY FIESTA CORPORATION

(Name of Corpo	ration as curre	ntly filed with the Flo	rida Dept. of State	<u>2</u> }		
I	214000066113					
(De	ocument Numbe	r of Corporation (if kno	own)		_	
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, th	sis <i>Florida Profit Corp</i>	oration adopts the	following	amene	dment(s) t
A. If amending name, enter the new name of th	e corporation:					
N/A					The i	new.
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp " "Inc." of	r "Co". A professione		r the abi	brevia	tion
B. Enter new principal office address, if applic	ahle:	N/A				
(Principal office address MUST BE A STREET)		 -		Pin		
		-	.	<u> </u>	پ	_
			·	£	Ź	==
C. Enter new mailing address, if applicable:				SSE	8	\ द्वा
(Mailing address MAY BE A POST OFFICE	BOX)	N/A 		<u> </u>	~	
			•	6	مِبَ	
			•	- 2	14	_
						_
D. If amending the registered agent and/or reg new registered agent and/or the new registe			er the name of the			
Name of New Registered Agent	BIBIA	NA HODGETTS				
Name by the Registered agent	8403 N	W 20th PLACE				
		street address)				
	CORAL SPRINGS.			33071		
New Registered Office Address:	(City)		, Florida_	(Zip Ce	ode)	-
		•		·		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.			obligations of the p	osition.		
	10	UU				
	Signature of Nev	v Registered Agent, if c	haneine			

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>J</u>	John Dog	
X Remove	<u>V</u> 2	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	ALESSANDRA OCCHINO	15851 PINES BOULEVARD
X Add			PEMBROKE PINES, FL 33114
Remove			
2) Change	V	JOSE N RODRIGUES	15851 PINES BOULEVAR
X Add			PEMBROKE PINES, FL 33114
Remove			
3) Change	D	FILIPPO OCCHINO RAGUSA	15851 PINES BOULEVARD
X Add			PEMBROKE PINES, FL 33114
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
N/A						
			<u></u>			
						
		-				
				·-		
				•		
i. <u>If an</u>	amendment provides for an excha	inge, reclassifi	cation, or can	cellation of issi	ued shares.	
pro	visions for implementing the amen (if not applicable, indicate N/A)	<u>dment if not c</u>	<u>ontained in th</u>	<u>e amendment i</u>	tself:	
N/A	(y nor appaciane, marciae is 11)					
	<u> </u>					
		<u></u>				
			_			
	<u></u>					
						
						·

The date of each amendment(s) adoption:	, if other than t
late this document was signed.	
Effective date <u>if applicable</u> :	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as t records.
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of	colders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by	
The amendment(s) was/were adopted by the board o action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpo action was not required.	rators without shareholder action and shareholder
May 30,2018 Dated	
Signature V Wissaur	tras Cochunis P.
	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court a fiduciary)
,	ALESSANDRA OCCHINO
(Typed	or printed name of person signing)
	PRESIDENT
	(Title of person signing)