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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:			
DOCUMENT NUM	P14000097608 BER:			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ROLANDO GONZALEZ			
	FLO-PROS SERVICE CORI	Name of Contact Person	1	
		Firm/ Company		
	18833 NW 47 PL			
	MIAMI GARDENS, FL 330.	Address 5.5		
		City/ State and Zip Code	2	
	ROLY.FLOPROS@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
ROLANDO GONZALEZ		786 at (282- <i>5</i> 759	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
Am Div P.C	iling Address condinent Section dision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLO-PROS SERVICE CORP

(Name of Corporation as cu	rrently filed with the Fk	orida Dept. of State)		
P14000097608				
(Document Nur	mber of Corporation (if kr	own)	<u></u>	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Cor</i>	poration adopts the follo	owing amer	ndment(s) t
A. If amending name, enter the new name of the corporati	ion:			
			The	new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	lo". A professional corp	orporated" or the abbrev poration name must co	viation "Co ontain the	rp.," word
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>))		20	
			-	
C. Enter new mailing address, if applicable:		:	28	- <u>ध्याप्ति</u> !
(Mailing address MAY BE A POST OFFICE BOX)				[²]
			<u> </u>	
				<u> </u>
			<u> </u>	<u> </u>
D. If amending the registered agent and/or registered office	ce address in Florida, en	ter the name of the		
new registered agent and/or the new registered office a	ddress:			
Name of New Registered Agent				
(Flo	orida street address)			
No. Designad Office Address.		, Florida		
New Registered Office Address:	(City)		(/.ip Code)	
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent. I am far	miliar with and accept the	obligations of the posit	tion.	
Signature of	New Registered Agent, if	changing		
Orginuare of	1100 Hogistered rigerit, tj	~		
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP		17501 NW 47 CT
Add		-	MIAMI GARDENS, FL 33055
Remove		-	
2) Change			
Add			
Remove 3) Change			
Add		-	
Remove		-	
4) Change			
Add			
Remove		-	<u> </u>
5) Change			
Add			
Remove		-	
6) Change			
Add			
Remove		_	

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment a not contained in the amendment risen:
(g not approacte, marchie (m.))	

•	
The date of each amendment(s) adoption:	_, 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 does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
☐ 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)	
Dated 69.21	
Signature	_
(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)	
Rolando Genealez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	