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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FIVEKAS, INC.	· · · · · · · · · · · · · · · · · · ·				
DOCUMENT NUM	P14000098021					
The enclosed Articles	s of Amendment and fee are so	ubmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	Raul G. Mendoza, Esquire					
		Name of Contact Pe	rson			
	Raul G. Mendoza, P.A					
		Firm/ Company				
	2600 S. Douglas Road Suite 400					
	Address					
	Coral Gables, Florida 33134					
		City/ State and Zip (Code			
pslev	vin6@hotmail.com					
'	E-mail address: (to be u	sed for future annual rer	port notification)			
For further informatic Raul G. Mendoza	on concerning this matter, plea	305	448-9002			
Name of Contact Person		at (Area	Code & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida D	Department of State:			
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Am Div Clil	eet Address endment Section ision of Corporations fon Building 1 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FIVEKAS, INC.

	at Miles to the Piles to Piles
	on as currently filed with the Florida Dept. of State)
P14000098021	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	r <u>poration:</u>
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	The new discorporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registere new registered agent and/or the new registered of	ed office address in Florida, enter the name of the
Name of New Registered Agent	
	 -
	(Florida street address)
New Registered Office Address:	, Florida
the state of the s	(City) Zip Codes
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Sione	ture 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 = Trustec; 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 F. There is a change. Mike Jones leaves the corporation, Sally Smith is named the F 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> <u>Jo</u>	ohn Doe			
\underline{X} Remove	<u>V</u> <u>M</u>	Mike Jones			
<u>X</u> Add	<u>SV</u> <u>\$</u> :	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	Director	Marcelo Carlos Kissling	114 S. 20th Avenue		
X Add			Hollywood , Florida 33020		
Remove					
2) Change					
Add			<u> </u>		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	
	
	
	<u> </u>
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(у по арупсияс, высые мм)	
	-
	 -

The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
Effective date if applicable:		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	it
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
	12, 2017	
DatedSignature	Pleud Oul.	
(By a selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	Patricia Slevin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	