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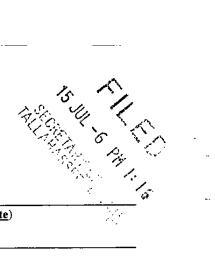
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HOS GROUP INC				
DOCUMENT NUM	BER: P14000100499				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	CARLOS GASPAR				
		Name of Contact Persor	1	_	
	HOS GROUP INC				
	· · · · · · ·	Firm/ Company	······································	<del></del>	
	3330 Banks Road Apt 204				
		Address			
	Margate FL 33063				
		City/ State and Zip Code	:	TALES 5	
cgasi	parmail@gmail.com			JEL -6	
<del></del>		sed for future annual report	notification)		
				77.	
For further informatio	n concerning this matter, pleas	se call:			
CARLOS GASPAR		at ( <sup>561</sup>	674-7992	் ச	
Name	of Contact Person		de & Daytime Telephone Num	ber .	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)		
	iling Address endment Section		Address ment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



403 Group Inc	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1400100 499	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Gword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation or the abbreviation or the abbreviation or the abbreviation the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
,,	, , ,
Signature of New Re	gistered 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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	DS		CARLOS GASPAR	3952 W HILLSBORO BLVD
Add				DEERFIELD BEACH, FL 33442
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	<del></del>			
Add				
Remove				
6) Change				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del>/</del>	
<u>, , , , , , , , , , , , , , , , , , , </u>	
	•
<del></del>	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
()	
··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	

•	' 07/02/2015	
The date of each amendment(s) a	doption:	_, if other than the
date this document was signed.		
07/9	02/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
The amendment(s) was/were adeaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	هست در د
07/00/00	ر بر	ကြို့ ဟ
07/02/201: Dated	ير م	安 と "177
Dated		12.1
Signature	Turk!	7.1 · · · · · · · · · · · · · · · · · · ·
(Ву а с	irector, president or other officer if directors or officers have not been	7 7
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court	1
appoin	ted fiduciary by that fiduciary)	
	CARLOS GASPAR	ক্ল
	(Typed or printed name of person signing)	
	DIRECTOR/SECRETARY	
	(Title of noman signing)	