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SECRETARY OF STATE
TALLAHASSEE, FLORIDY

SEP 0 7 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ICHIBAN SA	GON INC	
DOCUMENT NUMBER: P14000101157		
The enclosed Articles of Amendment and fee a	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	OCTAVIO MURILLO	
	Name of Contact Person	
	Firm/ Company	
7400 N FEDERAL HW	SUITE C5	
BOCA RATON, FL. 33	Address 87	
	City/ State and Zip Code	
ІСПВАЬ	SAIGON1101@GMAIL.COM	
E-mail address: (to)	e used for future annual report notification)	
For further information concerning this matter,	please call:	
OCTAVIO MURILLO	at ()	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

ICHIBAN SALGON, INC

	Į.		<u>,</u>		
(<u>Name (</u>	of Cor	poration as currently filed with the	Florida Dept. of State)		
		P14000101157			
		Document Number of Corporation (i	f known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006.	Florida Statutes, this <i>Florida Profit</i> C	Corporation adopts the folk	owing amendn	nent(s) to
A. If amending name, enter the new na	ime of	the corporation:			
				The ne	M.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation	"Corp," "Inc," or "Co". A profes	" or "incorporated" or the sional corporation name n	ie abbreviatio	m
B. Enter new principal office address,					
(Principal office address <u>MUST BE A S</u>	<u>TREE</u>	(ADDRESS)			
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		TE BOX)	÷ ;	SECNET RY OF STATE OF	FILED
D. If amending the registered agent an	id/or r	 ggistered office address in Florida,	enter the name of the	2: 2: 2: 2:	
new registered agent and/or the new				3 ≥ 10	
Name of New Registered Agent	ADR	ANA G RODRIGUEZ			
	2312	LYONS RD			
		(Florida street address)			
New Registered Office Address:	вос	A RATON	. Florida 334	128	
		(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hangii tered a	g Registered Agent:	the obligations of the posit	ion	
		Signature of New Registered Jagen			
	•••	Signature of New Registered Agen	(i) changing		

P President; V Vic Executive Officer; CF) held. President, Treasi Changes should be not a change, Mike Jones Mike Jones, V as Remo	(director tice of Presider Of Ethief of E	tle by the first letter of the office title: n: T= Treasurer: S= Secretary: D= D Financial Officer. If an officer/direct tor would be PTD. offowing manner. Currently John Doe	virector; TR = Trustee; C = Chairman or Clerk; CEO = Chief or holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is F and S. These should be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u>	John Doe	
X Remove	\underline{Y}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	KANDY KWOK	7400 N FEDERAL HWY
Add			BOCA RATON, FL. 33487
X Remove		1	
2) Change	VP	Jo ș e m rojas	7400 N FEDERAL HWY
Add			BOCA RATON, FL. 33487
X Remove			
3) Change	P	OGTAVIO MURILLO	7400 N FEDERAL HWY
X Add			BOCA RATON, FL. 33487
Remove			
	VP	EVE VACA PEREZ	7400 N FEDERAL HWY
4) Change X		— 	BOCA RATON, FL. 33487
Add			4.000
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

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:

If amending or adding additional Articl	est enter change(s) nere:
(Attach additional sheets, if necessary).	(Be specific)
	<u>- </u>
	<u> </u>
	i l
If an amendment provides for an excha	nge reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
provisions for implementing the amend	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1
	<u> </u>

·][] 	NE 26TH, 2017	
The date of each amendment date this document was signed	(s) adoption: 🗍		_, if other than the
Effective date <u>if applicable</u> :	JUNE 26TH, 201		
		(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the		of meet the applicable statutory filing requirements, this date will State's records.	not be listed as the
Adoption of Amendment(s)	 (<u>CH)</u> 	ECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we		shareholders. The number of votes cast for the amendment(s) pproval.	
		shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s).	
"The number of votes	 cast for the ame 	dment(s) was/were sufficient for approval	
by			
	(voti	ing group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the	poard of directors without shareholder action and shareholder	
■ The amendment(s) was/wer action was not required.	re adopted by the	ncorporators without shareholder action and shareholder	
Os Dated	8/24/2017		
Signature £	oravio	m vqi110	_
SC		tient or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
		OCTAVIO MURILLO	
	(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	