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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MONEY TRUST FINANCIAL SERVICES, LLC

Account Number: I20140000079
Phone: (305)387-0076
Fax Number: (305)388-0076

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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P. 3

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| TO: Amendment Section Division of Corporation | ns | | |
|--|---|--|--|
| NAME OF CORPORATI | ON: Holis Corp | | |
| DOCUMENT NUMBER: | P15000002676 | -26-7- | |
| The enclosed Articles of An | · | omitted for filing. | |
| Please return all correspond | lence concerning this mat | ter to the following: | |
| Carlo | os Martinez | | |
| | | Name of Contact Person | ı |
| Carlo | os Martinez & Associates | \$ | |
| | | Firm/ Company | |
| 1433 | 5 SW 120 ST STE 110 | | |
| | | Address | |
| Miar | ni, FL 33186 | | · |
| | | City/ State and Zip Code | 2 |
| cjm@cmll | c.co | | |
| ***** | E-mail address: (to be us | ed for future annual report | notification) |
| For further information con | cerning this matter, pleas | ee call: | |
| Carlos Martinez | | at (305 | 387-0076 |
| Name of Co | ntact Person | Area Coo | de & Daytime Telephone Number |
| Enclosed is a check for 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Amend Divisio | Address ment Section on of Corporations Building |

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Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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Р.

H15000200274 3 Articles of Amendment

to Articles of Incorporation of

| (Name of Corporation as currently filed with the Florida Dept. of State) P15000002676 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a | |
|--|---------------|
| | |
| harmont to the provisions of section 607 1006. Florida Statutes, this Florida Profit Cornoration adopts the following | |
| us Articles of Incorporation: | ımendment(s |
| A. If amending name, enter the new name of the corporation: | |
| | he new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co word "chartered," "professional association," or the abbreviation "P.A." | |
| 3. Enter new principal office address, if applicable: 5101 NW 79th AVENUE | |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) UNIT 10 | |
| DORAL, FL 33166 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5101 NW 79th AVENUE | 221 |
| UNIT 10 | 25 35% |
| DORAL, FL 33166 | 后 一 |
| If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: | 200 |
| Name of New Registered Agent | |
| | <u> </u> |
| (Florida street address) | |
| New Registered Office Address: , Florida (City) , Florida | <u>da)</u> |
| Name of New Registered Agent (Florida street address) New Registered Office Address: | - |

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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 Do | <u>oe</u> | |
|-------------------------------|--------------|----------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jo | ones | |
| _X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2)Change | | _ | | · |
| Add | | | | |
| Remove | • | | | |
| 3)Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | - |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

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| H15000200274 3 If amending or adding additional Articles, enter change(s) here: | | |
|--|---|--|
| Attach additional sheets, if necessary). | (Be specific) | |
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| 16 | hanna andrasiferati a constanti di Centra di Anno | |
| | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | | |
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| The date of each amendment(| s) adoption: | , if other than the |
|--|--|-------------------------|
| date this document was signed. | 3/13/2015 | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | <u></u> |
| Note: If the date inserted in the document's effective date on the | his block does not meet the applicable statutory filing requirements, this date with Department of State's records. | ll not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The number of votes cast for the amendment(s) e 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): | |
| "The number of votes | east for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder | 8 |
| 8/13/20 Dated | 015 | |
| Signature(By | a director, president or other officer – if directors or officers have not been | |
| | ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | |
| | Carlos Martinez | |
| | (Typed or printed name of person signing) | |
| | Incorporator | |
| | (Title of person signing) | |