## P150003854

Office Use Only



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2011 SEP 29 PH 3: 06

C. GOLDEN 0CT -2 2017

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION: CERTISSE CORP		
DOCUMENT NU	MBER: P15000003854		
	es of Amendment and fee are sul	bmitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	LUIS A MUNOZ PARRA		
		Name of Contact Perso	n
	CERTISSL CORP		
		Firm/ Company	
	4010 OAK LANDING DR		
		Address	
	DAVIE / FL, 33314		
		City/ State and Zip Cod	e
din	ectiva@certissl.com		
<del></del>	<del>-</del>	ed for future annual report	notification)
	12-man address, (to be us	ed for fature annual report	tionication)
For further informat	ion concerning this matter, pleas	e call:	
LUIS A MUNOZ PARRA		at (	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	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)
	lailing Address		Address
Amendment Section			Iment Section on of Corporations
Division of Corporations P.O. Box 6327			Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

CERTISSI, CORP			2017 SEP 29 PK 3: 06
(Name (	of Corporation as curren	tly filed with the Florida Dept.	
P15000003854			ALE MARKET FLORIDA
194 <u></u>	(Document Number	of Corporation (if known)	47
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ade	opts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
N/A			The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp," "Inc," or	"Co". A professional corporati "P.A."	ated" or the abbreviation
B. Enter new principal office address,		4010 OAK LANDING DR	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	DAVIE, FL. 33314	
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address</li> </ul>			of the
	LUIS A MUNOZ PARR		
Name of New Registered Agent			
	4010 OAK LANDING I	JK street address)	
	DAVIE	ŕ	
New Registered Office Address:	-	(City)	Florida (Zip Code)
New Registered Agent's Signature, if ell I hereby accept the appointment as regist		<u>11:</u>	

## 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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	HERNANDEZ, EUGENIO R	4024 N MONROE ST LOT 11
Add			TALLAHASSEE, FL 32303
X Remove			
2) Change	D	LUIS A MUNOZ PARRA	4010 OAK LANDING DR
XAdd			DAVIE, FL 33314
Remove			
3) Change			<del></del>
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

•	ending or adding additional At h <i>additional sheets, if necessary</i> )	. (Be specific)	etsymere.			
N/A	, , , , ,	, ,				
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. <u>II an a</u> nrov	amendment provides for an exc isions for implementing the am	<u>:hange, reclassifica</u> iendment if not cor	tion, or cancella itained in the an	<u>ition of issued st</u> rendment itself:	ares,	
(	if not applicable, indicate N/A)					
VA						
				_		
					-	
•						
						_
						-

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 no locument's effective date on the Department of State's records.	of be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
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 fiductary by that fiduciary)	
LUIS A MUNOZ PARRA	
(Typed or printed name of person signing)	<del></del>
DIRECTOR	
(Title of person signing)	