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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SHORT STAY SO	DLUTION CORPORATION	<u> </u>
DOCUMENT NUMB	ER: P15000012586		
	of Amendment and fee are su	ubmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CLARA PATRICIA PINILL	.os	
-		Name of Contact Person	
	SHORT STAY SOLUTION	CORPORATION	
-		Firm/ Company	
	12615 SW 91 ST		
-		Address	
	MIAMI, FL 33186		
-	,	City/ State and Zip Code	
PATII	PINILLOS@AOL.COM		
.,	E-mail address: (to be us	sed for future annual report i	notification)
For further information	concerning this matter, pleas	se call:	
CLARA PATRICIA PINILLOS		at (305	5985800
Name of Contact Person		Area Cod	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Plorida Depar	tment 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 Tallahassee: FL 32314		Division Clifton	Address nent Section of Corporations Building teoutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SHORT STAY SOLUTION CORPORATION

(Name of Corpor	ation as currently filed with the Florida Dept. of State)
P15000012586	
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florests Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the	e corporation:
N/A	The new
	word "corporation," "company," or "incorporated" or the abbreviation or pp." "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applical	ble:
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)
	······································
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX) N/A
	2 7
D. If amending the registered agent and/or registered agent and/or the new registered.	stered office address in Florida, enter the name of the
N/A	eu onice address:
Name of New Registered Agent	
	(Florida street address) ~
	(Fiorida street dadress)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Elp couc)
New Registered Agent's Signature, if changing R	
hereby accept the appointment as registered agent	t. I am familiar with and accept the obligations of the position.
Si	ignature 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 = 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	PT	John Doe	2	
X Remove	Y	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	CFO		CLARA PATRICIA PINILLOS	12615 SW 91 ST
X Add				MIAMI, FL 33186
Remove				
2) Change		 .		<u> </u>
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	rticles, enter change(s) here: . (Be specific)
I/A	
•	
If an amandment provides for an ave	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	
A	
A	
A	
Ά	
'A	
/A	
/A	
/A	
/A	

	August 31st, 2015	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
_		
Effective date if applicable:	(no more than 90 days after amer	ndment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory fil partment of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes ficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting group each voting group entitled to vote separately of	s. The following statement n the amendment(s):
	for the amendment(s) was/were sufficient for ap	pproval
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without sharehold	der action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder a	ction and shareholder
September	lst, 2015	
Dated/		
(By a d	rector, president or other officer – if directors of l, by an incorporator – if in the hands of a received fiduciary by that fiduciary)	or officers have not been ever, trustee, or other court
	ROSA MARIA CHUMAN	
	(Typed or printed name of person si	gning)
	PRESIDENT	
	(Title of person signing)	