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NOV 1 6 2015 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SURPLUS LIQUI	DATIONS, INC.	
DOCUMENT NUME	D15000030170		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	·
Please return all corres	spondence concerning this ma	tter to the following:	
	AZIZ, ZESHAN		
		Name of Contact Person	
	SURPLUS LIQUIDATION	S, INC.	-
•		Firm/ Company	
	17832 S. DIXIE HIGHWAY	<i>(</i> #5	
•		Address	
	MIAMI, FL 33157		
		City/ State and Zip Code	e
717St	arplus@Gmail.com		
		sed for future annual report	notification)
For further information AZIZ, ZESHAN	n concerning this matter, pleas	se call:at (786	925-2988
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made		
\$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



SURPLUS LIQUIDATIONS, INC.

(Name o	of Corporation as currently	filed with the Florida Dept. of State)	100
P15000020170		•	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new na	me of the corporation:		
	ation "Corp," "Inc," or "C	," "company," or "incorporated" or the Co". A professional corporation name must P.A."	
B. Enter new principal office address,			
(Principal office address MUST BE A S	TREET ADDRESS)		
			·
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		PO BOX 163135	
		Miami, FL 33116	
 If amending the registered agent an new registered agent and/or the nev 			
Name of New Registered Agent	GONZALEZ, CAMILO		
twine of their Regimered Hgem	17832 S. DIXIE HIGHWA	AY #5	_
	(Florida stre	et address)	
New Registered Office Address:	MIAMI, FL	, Florida 33157	•
	((City) (Zip	Code)
New Registered Agent's Signature, if c	hanging Registered Agent: ered agent. I am familiar w	rith and accept the obligations of the position.	
Q.	and	_	
	Signature of New Re	egistered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Zeshan Aziz	17832 S. DIXIE HIGHWAY #5
X Add			MIAMI, FL 33157
Remove			
2) Change	Р	GONZALEZ, CAMILO	17832 S. DIXIE HIGHWAY #5
Add			MIAMI, FL 33157
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) add date this document was signed.	option:, it other than th
Effective date if applicable:	NOV, 4, 2015 (no more than 90 days after amendment file date)
,,,,,,	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved 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 f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder
11/04/2015 Dated	<u> </u>
Signature	Deston Aziz
selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)
	Zeshan Aziz
-	(Typed or printed name of person signing)
	Р
-	(Title of person signing)