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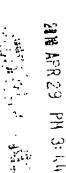
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COVER LETTER

TO: Amendment Section		COVER LETTER		The Control of the Co
Division of Corporation	N			ا بن ایک ایک ایک ا
NAME OF CORPORATION	N: <u>Juiter</u>	Josion Freig	one us coll	A. P. C.
DOCUMENT NUMBER: _	715000	027236		
The enclosed Articles of Amo	endment and fee are so	abmitted for filing.		
Please return all corresponde	nce concerning this ma	atter to the following:		
	<u>H</u>	Name of Contact Person){	
		Name of Contact Person	n	
		Firm/ Company	१४ करो -	
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ror further information conce		corpe outlook sed for future unnual report	. డంగా notification)	
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MORIA F. V) <u>\$86.1636</u> de & Davtime Felephone Num	ber
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	riment of State;	
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendment			Address ment Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

-,-60 \	onse Freigh	- Ven CORP	
		y filed with the Florida Dept. of State)	
	2 0000 SV 8		
	(Document Number of	Corporation (if known)	ar he
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	06, Florida Statutes, this I	Florida Profit Corporation adopts the follo	wing amendmently
A. If amending name, enter the new name	of the corporation:		
<u>ब</u> ्रोध			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association B. Enter new principal office address, if a Principal office address MUST BE A STR.	on "Corp." "Inc." or "0 n." or the abbreviation ". pplicable:	Co". A professional corporation name m	
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF)		15051 ROYAL OAKS NORTH MIAMI, FL 3	
D. If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent			
- -	(Florida stre	ret address)	
	n(A		
New Registered Office Address:			Zip Code)
		,	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered			n.
	NIA		
	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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sully Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	PS MARIA FERNANDA UD29UCZ	47 FY 30 FZPL
Add	U26 25.5	STREET NORTH HISH
<u>∠</u> Remove		FL 33101
2) Change	D MARIA FERNAMON USZOSEZ	15051 BOYOL OAKS
X Add	7826255	W# 1202 NORTH
Remove		Mish: FL 33181
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change	· · · · · · · · · · · · · · · · · · ·	
Add		
Remove		

H amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NA	
(31)	
If an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/0	
N/O	
N/o	
NIO	
N/0	
NIO	
NIO	
NIO	
NIO	

The date of each amendment(s) adoption:	02/01/2019	, if other than the
date this document was signed.		
Effective date if applicable:	(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 block does document's effective date on the Department	not meet the applicable statutory filing requirements, to f State's records.	this date will not be fisted as th
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient fo	ne shareholders. The number of votes east for the amend r approval.	lment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following s ng group entitled to vote separately on the amendment(s	tatement):
	endment(s) was/were sufficient for approval	
by()		
(1	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shar	reholder
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	der
Durat 04 (27.	12019	
Dated Ou (22	· /	
(By a director, phy	sident or other officer – if directors or officers have not corporator – if in the hands of a receiver, trustee, or other	
	corporator – If in the hands of a receiver, trustee, or one ary by that fiduciary)	n court
	thrio ferman nazolez	
	(Typed or printed name of person signing)	
	Direcor	
	(Title of person signing)	