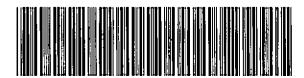
## P1500055708

| (Re                     | questor's Name)    | -           |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: FOUR POINT  | AMERICA ENTERPRISE, INC  |
|--|--|
| DOCUMENT NUMBER: P15000055708  |  |
| The enclosed Articles of Amendment and fee ar                            | e submitted for filing.  |
| Please return all correspondence concerning this                         | s matter to the following:   |
| MIGUEL TORRES  |  |
|  | Name of Contact Person   |
| MAT TAX SERVICES.  | ,  |
|  | Firm/ Company  |
| 9300 S DIXIE HWY   |  |
| <del></del>  | Address  |
| MIAMI, FL. 33156   |  |
|  | City/ State and Zip Code   |
| miguel@mattaxs.com   |  |
| E-mail address: (to b  | be used for future annual report notification)                             |
|  |  |
| For further information concerning this matter, p                        | please call:   |
| Miguel Torres  | at (786 543-5969   |
| Name of Contact Person   | Area Code & Daytime Telephone Number                                       |
| Enclosed is a check for the following amount ma                          | ade payable to the Florida Department of State:                            |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State               |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Street Address Amendment Section Division of Corporations Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to | Articles of Incorporation of

FOUR POINT AMERICA ENTERPRISE, INC

| FOOR POINT AMERICA ENTERS RISE, INC  |                            |                        |                       |
|--|----------------------------|------------------------|-----------------------|
| (Name of Corporation as currer   | itly filed with the Florid | a Dept. of State)      |                       |
| P15000055708   |                            |                        |                       |
| (Document Number   | of Corporation (if known   | 1)                     |                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:                               | is Florida Profit Corpord  | ation adopts the follo | owing amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |                            |                        |                       |
| N/A  name must be distinguishable and contain the word "corporat   | ion " "company " or "      | ingornorgiad" or ti    | The new               |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional o     |                        |                       |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                        | N/A                        |                        |                       |
|  |                            |                        |                       |
|  |                            | <u> </u>               |                       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/A                        |                        |                       |
|  |                            |                        |                       |
|  |                            |                        |                       |
| D. If amending the registered agent and/or registered office ad  | dress in Florida, enter 1  | he name of the         |                       |
| new registered agent and/or the new registered office addre  |                            | are mane or the        |                       |
| Name of New Registered Agent N/A   |                            |                        |                       |
| ,  |                            |                        |                       |
| (Florida   | street address)            | ·· <del>·</del>        |                       |
| New Registered Office Address:   |                            | , Florida              |                       |
|  | (City)                     |                        | (Zip Code)            |
|  |                            |                        |                       |
| New Registered Agent's Signature, if changing Registered Age   |                            |                        |                       |
| I hereby accept the appointment as registered agent. I am familia  | r with and accept the obl  | igations of the nosit  | iog.                  |
|  |                            |                        |                       |
| Signature of Man   | Registered Agent, if cha   | naina Si               |                       |
| Signature of iven  | , педіметей Адені, іј Спа  | "K"X FO                |                       |
|  |                            | 5≅.                    |                       |

| address of each Office<br>(Attach additional shee<br>Please note the officer/<br>P = President; V= Vic<br>Executive Officer; CFC<br>held. President, Treasu<br>Changes should be not<br>a change, Mike Jones i<br>Mike Jones, V as Remo | er and/or E<br>ets, if necess<br>director title<br>e Presiden<br>O = Chief<br>arer, Direct<br>ed in the fo<br>leaves the c | Director being added: sary) le by the first letter of the offic t: T= Treasurer; S= Secretar Financial Officer. If an offic or would be PTD. Illowing manner. Currently Jo | ce title: cy: D= Director: TR cer/director holds mo ohn Doc is listed as | cer/director being removed and title, name, and  = Trustee: C = Chairman or Clerk: CEO = Chie  ore than one title, list the first letter of each office  the PST and Mike Jones is listed as the V. There is  ese should be noted as John Doe, PT as a Change | ef<br>e |
|---|--|--|--|---|---------|
| Example: X Change   | <u>PT</u>  | John Doe   | 1  |   |         |
| X Remove  | $\underline{\mathbf{V}}$   | Mike Jones   |  |   |         |
| X Add   | <u>sv</u>  | Sally Smith  | I  |   |         |
| Type of Action<br>(Check One)   | <u>Title</u>   | <u>Name</u>  | 1  | <u>Addres</u> s   |         |
| 1) Change   | D  | OSWALDO BAR  | RERA   | 24921 SW 129TH PL   |         |
| $\frac{X}{Add}$   |  |  | <u> </u>   | HOMESTEAD, FL. 33032  |         |
| Remove  |  |  |  |   |         |
| 2) Change   |  |  |  |   |         |
| Add   |  |  |  |   |         |
| Remove  |  |  |  |   |         |
| 3) Change   |  |  |  |   |         |
| Add   |  |  |  |   |         |
| Remove  |  |  |  |   |         |
| 4) Change   |  |  |  |   |         |
| Add   |  |  |  |   |         |
| Remove  |  |  |  |   |         |
| 5) Change   |  |  |  |   |         |
| Add   |  |  | <del></del>  |   |         |
| Remove  |  |  |  |   |         |
| 6) Change   |  |  |  |   |         |
| Add   |  |  |  |   |         |

\_\_\_\_ Remove

| N/A                                  | ding additional Ar<br>heets, if necessary). | . (Be specific)        |                   |                    |             |   |
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|                                      |   |                        |                   |                    |             |   |
|                                      | provides for an exc                         | change, reclassi       | fication, or cane | ellation of issued | shares,     |   |
| . If an amendment                    | olementing the am                           | <u>iendment if not</u> | contained in the  | amendment itsel    | <u>i:</u>   |   |
| provisions for im                    | ble, indicate N/A)                          |                        |                   |                    |             |   |
| provisions for im                    | ble, indicate N/A)                          |                        |                   |                    |             |   |
| provisions for im<br>(if not applied | ble, indicate N/A)                          |                        | <del></del>       |                    |             |   |
| provisions for im<br>(if not applied | ble, indicate N/A)                          |                        |                   |                    |             |   |
| provisions for im<br>(if not applied | ble, indicate N/A)                          |                        |                   |                    |             |   |
| provisions for im<br>(if not applied | ble. indicate N/A)                          |                        |                   |                    |             |   |
| provisions for im<br>(if not applied | ble. indicate N/A)                          |                        |                   |                    |             |   |
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| provisions for im<br>(if not applied | ble, indicate N/A)                          |                        |                   |                    |             |   |

|  | , if other than the |
|--|---------------------|
| date this document was signed.   |                     |
| 07/20/2017 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 not document's effective date on the Department of State's records.                          | ot 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.   |                     |
| 07/20/2017<br>Dated  |                     |
| Signature Nu Marine Onth   |                     |
| (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 fiduciary by that fiduciary) |                     |
| NATHANAEL ESCOTO   |                     |
| (Typed or printed name of person signing)  |                     |
| PRESIDENT  |                     |
| (Title of person signing)  |                     |