P150000 60121

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: U	BERBLASTING	CORP
DOCUMENT NUMBI	ATION: <u>U</u> ER: <u>P 15 0</u>	00060121	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	VICTORIA	VIGNA Name of Contact Person	By Vicki Inc
	BOOKKEED!	usa Service	By Vicki INC
_		Firm/ Company	
_	6990 8	Address Park, FL 3. City/ State and Zip Code	
	ρ.	Address	
	FINEllas	Park, FL 3.	3781
	taxpro. VICE	ki a gmail. Co	^s m
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
VICTORIA	VIGNA	at (<i>プ</i> スフ	546-3797
VICTORIA VIGNA Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	፟ጆ\$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		Amend Divisio	Address Iment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

UBE	RBLASTING	CORP		
		ed with the Florida Dept. of State)		
P150000				
(Doc	ument Number of Co	rporation (if known)	-	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the followin	g amendme	nt(s) to
A. If amending name, enter the new name of the				
SPFS CORP. name must be distinguishable and contain the word			_The new	
"Inc.," or Co.," or the designation "Corp," "Inc.," or the designation "Corp," "Inc.," or the abb	c," or "Co". A pro	pany," or "incorporated" or the abbreviation of the abbreviation of the must contain the state of the contains	on "Corp.," n the word	,
B. Enter new principal office address, if applicat	ole:	_ W/A		
(Principal office address MUST BE A STREET AL			202	
	_		2020 HAR 23	- 35
	_			-
C. Enter new mailing address, if applicable:		•	23	
(Mailing address MAY BE A POST OFFICE B	<u>BOX</u>)		<u> </u>	i
				
			1:124	
	_			
D. If amending the registered agent and/or regist		in Florida, enter the name of the		
new registered agent and/or the new registere				
Name of New Registered Agent	N/A		_	
	(Florida street a	ddress)	_	
New Registered Office Address:		, Florida		
	(City	(Zip (Code)	
Naw Bogistaned Agent's Signature if shouling D				
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		and accept the obligations of the position.		
·	-			
	NA			
Sig	znature of New Regist	ered Agent, if changing	-	
Check if applicable				
☐ The amendment(s) is/are being filed pursuant to	s. 607.0120 (11) (e), l	F.S.		

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)

Example:

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.

\underline{X} Change	PT	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove		N/A	
2) Change			
Add			
Remove 3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional she</i>	g additional Articles, enter cha uts, if necessary). (Be specific)			
···				•
				
	 	· · · · · · · · · · · · · · · · · · ·		
			 .	
		N/A		
		N/A		
		<u> </u>		_
<u></u> <u>-</u>		 .		
		. .		
				
an amendment pr	vides for an exchange, reclassif	ication, or cancellation	n of issued shares,	
<u>provisions for imple</u>	menting the amendment if not	contained in the amen	dment itself:	
(if not applicable	, indicate N/A)			
	NIA			
	1-711	- .		
		· • • • • • • • • • • • • • • • • • • •		
		·		
		-		

The date of each amendment(s) addate this document was signed.	loption:	, if other than
Effective date if applicable:	3-19-2620	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes carfficient for approval.	st for the amendment(s)
	proved by the shareholders through voting groups. each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appr	oval
by	(voting group)	
	(voting group)	
Dated	19/20	
Signature	- July	
selecte	rector, president or other officer – if directors or o d, by an incorporator – if in the hands of a receiver ed fiduciary by that fiduciary)	
	LONG LE - NGUYE (Typed or printed name of person signi	TN
	(Typed or printed name of person signi	ng)
	(Title of person signing)	
	(Title of person signing)	

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