P1500066608

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FACOL, CORP.
DOCUMENT NUMBER: P150000 66608
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis E. Torres Name of Contact Person
PRO ACCOUNTING ON FINANCISC SOLUTIONS TWO
1925 NE 45+4 St StE #128
FORT LANCERDAGE FC 33308
City/ State and Zip Code
PRO ACC P COME AST & NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lys & Toanes at 954 667-0673 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Ci\$\$43.75 Filing Fee & Certified Copy (Certified Copy (Additional Copy (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

P15000066608	
(Name of Corporation as currently file	ed with the Florida Dept. of State)
15000066608	
(Document Number of Con	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	idu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF ST TALL ASSETS. THE
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent SAMUEL T 7940 N. h (Florida street a	I'NOCO SIALOMON JOB HILL RD SE #16 ddress)
New Registered Office Address: TAMARAC (Cin	, Florida 33321 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Signature of New Regis	tered 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 Do	2				
X Remove	<u>V</u>	Mike Jor	nes				
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>				
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s		
1) Change	_ρ	_	SAMUEL	D. Timco	7940 N. A		
Add					Suite 1	6	
_ Y _ Remove					TAMARAC	FL 33	32/
2) Change	ρ	_	SAMYEL	Tinuco Salaman	7940 N.	NOB HIZL	. RD
→ Add					Ap+ 16		
Remove					TAMARAC	· FC 33	321
3) Change							
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Remove						15 AUG	0 0 0 0 0 0 0
4) Change		_				NUG 2h	RETAR AHASS
Add					-	<u></u>	HAND.
Remove					· · · · · · · · · · · · · · · · · · ·	<u>ာ့</u> 58	STA ATS
5) Change						φ 	를 국
Add							
Remove							
6)Change							
Add					<u> </u>		
Remove							

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	7	177
provisions for implementing the amendment if not contained in the amendment itself:	ယ္	000
(if not applicable, indicate N/A)	58	<u> </u>
		>
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The date of each amendment(s) adoption: August 24, 2015 date this document was signed.	, if of	ther than the
Effective date if applicable: A 45 45 24, 2015 (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 document's effective date on the Department of State's records.	l not be	listed as the
Adoption of Amendment(s) (CHECK ONE)		
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"	55	SEC TALL
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	AUG 27	ANASS RETARN RETARN
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	PH 3:	
Dated Ausust 24, 2015	58	ATE
Signature (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)		
SAMGEL TINOCO SALOMON (Typed or printed name of person signing)		
President		
· (Title of person signing)		