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COVER LETTER

TO: Amendment Section

NAME OF CORPORATION: FOUNDATION Supply Two DOCUMENT NUMBER: P180000 730 45 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: ALCIANDRO SARIA. Name of Contact Person PONDAFLEN Supply JWO Firm/ Company 233:0 NP 9 Address Fort LAUDOR DAILE FL 33304 City/ State and Zip Code PONDALIA PROS Q HOT HAIL COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALCIANDRO SARDIA at SOL TOTALOGO SARDIA AT STEILING Fee & DAIL SARDIA STEILING Fee Certificate of Status Certificate of Status Certificate Copy (Additional Copy is enclosed) Mailing Address Amendment Section Mailing Address Amendment Section Mailing Address Amendment Section	Division of Corporations
The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: ALCY ANDRO SAPLIA. Name of Contact Person PONDAFLON SITUATION TO SAPLIA. Name of Contact Person PONDAFLON SAPLIA Firm/ Company 2330 NP 9 357 #115 Address Fort LAUDER DAILE FL 3330 Y City/ State and Zip Code PONDALIA PROS ALD HOTHAIL. CAM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALCYANDRO SARRIA at Sbl 704 1069 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: State Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Amendment Section Amendment Section	NAME OF CORPORATION: PONDAFLES SUPPLY FUED DOCUMENT NUMBER: P180000 730 45
Please return all correspondence concerning this matter to the following: ALCY ANDRO SARLIA. Name of Contact Person PONDAFLON SIPPLY TWO Firm/ Company 233:0 Ne 9 37 #15 Address Fort LAUDOF DAILE FL, 33304 City/ State and Zip Code PONDALIA PROS LOTHAIL. CM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALQANDRO SARRIA at SDI 704 1069 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 \$\Begin{array} \Begin{array} \S43.75 Filing Fee & \$\Begin{array} \S43.75 Filing Fee & \$\S52.50 Filing Fee & \$\Certificate of Status (Additional Copy is enclosed) Mailing Address Amendment Section Amendment Section	
ALCY ANDRO SARRIA. Name of Contact Person PONDAFLOX SARRIA. Firm/ Company 233:0 NR 9 ST #165 Address Address For LAU'DOF DIJLE FL, 333304 City/ State and Zip Code PONDARIA PROS ALLOT HAIL. Cody E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALQANDRO SARRIA at Sbl. 704 1069 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: Street Address (Additional copy is enclosed) Mailing Address Amendment Section Mailing Address Amendment Section Amendment Section	The diciosed Armetes of Americanesis and too are submitted for ming.
Firm/ Company 233.0 Ne. 9 ST #15 Address For Davidaling Address Amendment Section Firm/ Company Firm/ Company Address For further information Address: (to be used for future annual report notification) For further information concerning this matter, please call: ALQAND RO SARRIA at (Sb) 704 (869) Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section	Please return all correspondence concerning this matter to the following:
Address For LAv. Dor Dale City/ State and Zip Code Ped rottal Pros Question E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALQANDRO SARRIA at (Sb) 704 (969) 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 S43.75 Filing Fee & S25.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section	ALCO ANDRO SARRIA. Name of Contact Person
City/ State and Zip Code PODMALIA ProSallot HAIL. Cody E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALQANDRO SARRIA at (Sbl) 704 (869) 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 \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	Pandafles Soply Inc
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALQANDRO SARDIA at Sb1 704 1069 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 \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section	2330 NE 9 5T #115
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A L Q A N D R S S R R D A at (S b) 704 1069 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: \$35 Filing Fee	E-mail address: (to be used for future annual report notification)
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Certificate of Status (Additional copy is Certified Copy enclosed) (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Certified Copy (Additional Copy is enclosed)	Enclosed is a check for the following amount made payable to the Florida Department of State:
Amendment Section Amendment Section	Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy
Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	Amendment Section Division of Corporations P.O. Box 6327 Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

•	of
PONDAFLEX	5 SUPPLY TUC.
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P150000 730 4	75
	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
	The new
"Corp.," "Inc.," or Co .," or the designation "Corpword" chartered," "professional a ssociation," or the	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.	
(17 melpai office anaress incost DD 11 of the state of the	
C. Enter new mailing address, if applicable:	ovi
(Mailing address <u>MAY BE A POST OFFICE B</u> C	50 OF THE RESERVE OF
	S PRE
	2 72
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
No. Desistered Assetts Construe if changing Bo	posint av ant A grant :
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.
Sie	znature of New Registered 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	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	1		Alejanoro SARRIA	2320 NE 95T#115 FORT LANDORMAIE, F1,333
Add				FORT LAVE DORMALE, F1,333
Remove				
2) Change	P	<u></u>	YUSOF SABAGH	2320 NR 95T#115
Add				Fort LAUR Derbale, FL
Remove				33304
3) Change				
Add-				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)			
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			<u> </u>	·-···
				 -
an amendment provides for an excl	nange, reclassification.	or cancellation of i	ssued shares.	
provisions for implementing the ame	endment if not containe	d in the amendmer	nt itself:	
(if not applicable, indicate N/A)				
	·			
	, <u> </u>			

The date of each amendment(s) adoption:	09-	16 -	15	, if other than the
late this document was signed.				
ffective date <u>if applicable</u> :	(no more than 90 day			
	(no more than 90 day	s after amendm	ent file date)	
Note: If the date inserted in this block does not be comment's effective date on the Department of		statutory filing	requirements, this date	e will not be listed as th
Adoption of Amendment(s) (CI	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ber of votes cas	t for the amendment(s)	ı
The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through y g group entitled to vote s	voting groups. separately on th	The following statemente amendment(s):	1 1
"The number of votes cast for the ame	• •		oval	
by(vc			*	
(vo	oting group)			
The amendment(s) was/were adopted by the action was not required.	e board of directors with	out shareholder	action and shareholder	r
The amendment(s) was/were adopted by the action was not required.	e incorporators without s	hareholder acti	on and shareholder	
Dated <u> </u>	5-15	-)		
A	agent	·		
Signature	arger (/	Garage bassa mot become	
(By a director, pre	sident or other officer – corporator – if in the han			•
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Al	Q. ANDAO	G 12	214	
	(Typed or printed name	of person sign	ing)	
	Presi	dent		
		rson signing)		