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from.

Account Number : FEDRO LUZCUTNOS Account Number : 120170000042 Phone : 09441655-9413 (9541432-980)

Enter the email address for this business entity to be used for future control report mailings. Firemonly one email address places.

Email Address: Pluzgrims & Wholmail com

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FIRST CODE INC

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COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	ATION: FIRST CODE IN	С	
DOCUMENT NUMB			
	of Amendment and fee are so	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	ARIANNYS GUERRA POI	МРА	
•		Name of Contact Perso	n
		Firm/ Company	
_	12130 NW 20TH CT		
	MIAMI, FL 33167	Address	
-		City/ State and Zip Cod	e
PLUZ	QUINOSF@HOTMAIL.CO	DM	/
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se calt:	
PEDRO LUZQUINOS	•	at (655-8413
Name o	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ntment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is cholosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ing Address idment Section ion of Corporations Box 6327 bassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building accutive Center Circle usee, FL 32301

Articles of Amendment to Articles of Incorporation of

FIRST CODE INC			
(Name of Corpor	ration as currently filed with the Flo	rida Dept. of State)	
P16000032626			
(Doc	cument Number of Corporation (if kno	эмп)	
Pursuant to the provisions of section 607,1006, Fig. its Articles of Incorporation:	rida Statutes, this Florida Profit Corp.	oration adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
			77
nume must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co- word "chartered." "professional association," or t	orp." "Inc." or "Co". A professione	"incorporated" or the a al corporation name must	The new bbreviation contain the
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
			
			<u></u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u>)		JUN 22 AH 9: 24
		_ 	<u> </u>
D. If amending the registered agent and/or registered agent and/or the new registered	itered office address in Florida, ente ed office address:	r the name of the	
Name of New Registered Agent			
			-
	(Florida street address)		-
New Registered Office Address:		Clearing	
	(City)	, Florida(Zip (Code)
Name of the state			
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	<u>legistered Agent:</u> t. I am familiar with and accept the o	bligations of the position.	
		Mary Complete State Stat	
227			
Sij	gnature of New Registered Agent, if ch	wnging	

Page 1 of 4

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; I = 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.

X Change	P1 40	<u>hn Doc</u>	
X Remove	<u>v</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	MARTINEZ REYES, MAIKEL	12130 NW 20TH CT
Add			MIAMI, FL 33167
X Remove			
2) Change	P	GUERRA POMPA, ARIANNYS	12130 NW 20TH CT
X Add		_	MIAMI, FL 33167
Remove			
3) Change	••••		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Kemove			

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	(Be specific)
	
	
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an amendment provides for an exchinousions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) adoption: date this document was signed.	06-17-2017	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will to of State's records.	not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by to by the shareholders was/were sufficient for	the shareholders. The number of votes east for the amendment(s) or approval.	
☐ The amendment(s) was/were approved by must be separately provided for each vote	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes east for the an	mendment(s) was/were sufficient for approval	
by	voling group)	
ſ·	voling group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder	
06-17-201 7 Dated		
Signature Arcon-	esident or other officer - if directors or officers have not been	
Selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court may by that fiduciary)	
ARIANN	TYS GUERRA	
	(Typed or printed name of person signing)	
PRESIDE	ENT	
	(Title of person signing)	