## PIODDOSINS

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: TUSSON CORP				
DOCUMENT NUMB	ER: P16000057975				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	FRAN	CISCO A OVALLES MAR	TINEZ		
-	Name of Contact Person				
	TUSSON CORP				
-	Firm/ Company				
	21011 JONHSON STREET SUITE 110				
-	Address				
	PEMBROKE PINES, FLORIDA 33029				
		City/ State and Zip Code			
	T	JSSONCORP@GMAIL.CO	ЭМ		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)		
	concerning this matter, pleas		•		
FRANCISCO A OVA		at (	_)		
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	□\$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 P.O. Box 6327 Tallahassee, FL 32314		Amenda Division Clifton	Address ment Section n of Corporations Building kecutive Center Circle		
Lulla			ssee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

## TUSSON CORP

	filed with the Florida Dept. of State)	
P16000057975		
(Document Number of C	Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> s Articles of Incorporation:	orida Profit Corporation adopts the following amendme	
If amending name, enter the new name of the corporation:		
	The new	
me must be distinguishable and contain the word "corporation," Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coord "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the	
Enter new principal office address, if applicable:	5161 NW 79TH AVENUE	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	DORAL, FLORIDA 33166	
Enter new mailing address, if applicable:	21011 JOHNSON STREET, STE 11	
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES FL, 33029	
If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	
	(g. ), (g. ),	
new registered agent and/or the new registered office address:	- 211年 の	
<u>new registered agent and/or the new registered office address:</u> <u>Name of New Registered Agent</u>	量。 四	
-	1 ( )	
Name of New Registered Agent	1 ( )	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CHRISTIAN JOSE GUIA	11150 NW 77TH TERR
X Add			MIAMI, FLORIDA 33178
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del> </del>
Remove			
5) Ch			
5) Change			
Remove			
Kelilove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
<del></del>	<del></del>				
		·			
·					
			· · · · · · · · · · · · · · · · · · ·		
					. <u> </u>
If an a	mendment provides for an excha	ange, reclassification	n, or cancellation o	f issued shares,	
(ij	f not applicable, indicate N/A)	different if not contain	ned in the amendin	ent usen.	
		<del></del>			
			•		
					<del>- 4m </del>
-					

The date of each amendment		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	08/01/2017	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this to Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	at(s)
	e approved by the shareholders through voting groups. The following states d for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	der
action was not required.	adopted by the morporators without shareholder action and shareholder	
•	1/2017	
Dated	<del>/////</del> ///	
Signature <b>\( \sqrt{\color} \)</b>		
(B	y a director, president or other officer - if directors or officers have not been	n
se	lected, by an incorporator — if in the hands of a receiver, trustee, or other co pointed fiduciary by that fiduciary)	
	FRANCISCO A OVALLES MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·

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