# P160000 57975

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#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:TUSSON CORE		·				
DOCUMENT NUMB	ER: P16000057975						
	of Amendment and fee are su	bmitted for filing.					
Please return all corresp	oondence concerning this ma	atter to the following:					
	FRA	INCISCO A OVALLES M	ARTINEZ.				
_		Name of Contact Person					
	TUSSON CORP						
-	Firm/ Company						
8426 NW 113 PL							
_	Address						
_	DORAL , FLORIDA 33166						
	City/ State and Zip Code						
	TUSSONCORP@GMAIL.COM						
-	E-mail address: (to be u	sed for future annual report	notification)				
For further information	concerning this matter, plea	se call:					
FRANCISCO O	VALLES	. 305	548 0670				
	f Contact Person	at (	548-9670 le & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:				
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee. FL 32303

#### Articles of Amendment

to

### Articles of Incorporation

	2n (	20rf	>		
(Name of Corporation as currently	-	he Florida Der	ot. of State)	· · · · · · · · · · · · · · · · · · ·	_
P1600005797					
(Document Number of	Corporation	(if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profi	t Corporation a	dopts the follow	ing amen	dment(s)
A. If amending name, enter the new name of the corporation:					
	<u> </u>	<u>.</u>		The	new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or professiona	"incorporated" Leorporation i	or the abbrevia name must cont	ttion "Cor ain the w	p.," vord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<del></del> .			_
				7020	_
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			<u>.</u> .	(2) (2)	, 1
		<u></u>			
				<u>'</u>	`~
<ol> <li>If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:</li> </ol>	ess in Florid	a, enter the na	me of the	#	
Name of New Registered Agent					
(Florida stree	et address)		_	_	
New Registered Office Address:			, Florida		
((	City9		(Zi <sub>j</sub>	(Code)	_
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	ith and accep	ot the obligation	s of the position		
Signature of New Reg	gistered Agei	nt, if changing	<del></del>	_	

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). 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.

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>	Address
1) Change	VP	CHRISTIAN JOSE GUIA	11150 NW 77TH TERRACE
Add			MIAMI, FL 33178
X Remove			
2) Change			_
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			· -

	additional Arti ts, if necessary).	(Be specific)				
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an amendment pro-	vides for an excl	hange, reclassifica	tion, or cancella	tion of issued s	hares,	
rovisions for implei	menting the ame	endment if not cor	itained <u>in</u> the am	endment itself	<u> </u>	
	, indicate N/A)					
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06/26/2020 The date of each amendment(s) adoption: , if other than the date this document was signed. Effective date if applicable: (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 not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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 east for the amendment(s) was/were sufficient for approval (voting group) 06/26 2020 Dated 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) FRANCISCO A OVALLES MARTINEZ (Typed or printed name of person signing) PRESIDENT (Title of person signing)