P. 001/005

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PRIME WHOLESALERS CORP

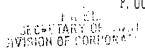
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Electronic Filing Menu

Corporate Filing Menu

FEDe1p3 2017

C LEWIS



Articles of Amendment to Articles of Incorporation of 2017 FEB 10 AM 8: 45

| PRIME WHOLESALERS CORP   |                                 |  | •  |
|--|---------------------------------|--|--|
| (Name  | of Corporation as currently     | filed with the Florida Dept. of        | (State)  |
| PI6000097784   |                                 |  |  |
|  | (Document Number of             | Corporation (if known)                 |  |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, this I | Florida Profit Corporation adop        | is the following smendment(s) to                   |
| A. If amending name, enter the new n   | ame of the corporation:         |  |  |
|  |                                 |  | The new  |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t | nation "Corp," "Inc," or "(     | Co". A professional corporation        | ed" or the abbreviation<br>n name must contain the |
| B. Enter new principal office address. (Principal office address MUST BE A S   |                                 |  |  |
|  |                                 |  |  |
|  |                                 |  |  |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST  |                                 |  |  |
| (100 mg mg 000 (100 mg 100 mg  | <u>011102 203</u> 0             |  |  |
|  |                                 | -                                      |  |
|  |                                 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | •  |
| D. If amending the registered agent are new registered agent and/or the ne   |                                 |  | of the   |
| GILBERTO L. RODRIGUEZ CRUZ   |                                 |  |  |
| Name of New Registered Agent   | 640 NW 57 CT                    |  |  |
|  | (Florida stra                   | et address)                            |  |
|  | MAIM                            | . *                                    | . 33126  |
| New Registered Office Address:   |                                 | City)                                  | orida(Zíp Code)                                    |
|  |                                 |  |  |
|  |                                 |  |  |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist  |                                 | ith and accept the obligations of      | the position.                                      |
| - Selven and the server and the ansert contract and the Affilians  | - <u>u</u>                      |  |  |
|  | Gilborto L Ro                   | udriguez Cruz                          |  |
|  | Signature of New Ro             | egistered 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)

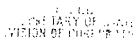
Please note the officer/director title by the first letter of the office title:

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.

| X Change                      | <u>PT</u> | John D      | <u>0e</u>                  |   |
|-------------------------------|-----------|-------------|----------------------------|---|
| X Remove                      | <u>v</u>  | Mike J      | ones                       |   |
| X Add                         | <u>22</u> | Sally S     | mith                       |   |
| Type of Action<br>(Check One) | Title     |             | Name                       | <u>Addres</u> s                         |
| 1) Change                     | P         |             | ALFONSO L. SOSA            | 640 NW 57 CT                            |
| Add                           |           |             |                            | MIAMI, FL 33126                         |
| XX Remove                     |           |             |                            |   |
| 2) Change                     | P         | _           | GILBERTO L. RODRIGUEZ CRUZ | 640 NW 57 CT                            |
| XX Add                        |           |             |                            | MIAMI, FL 33126                         |
| Remove                        |           |             |                            |   |
| 3) Change                     |           | _           |                            |   |
| Add                           |           |             |                            |   |
| Remove                        |           |             |                            |   |
| 4) Change                     |           |             |                            | ·                                       |
| Add                           | •         |             | • • •• • •                 | <u>'</u>                                |
| Remove                        |           |             |                            |   |
| 5)Change                      | ·         | <del></del> | <del></del>                | -                                       |
| Add                           |           |             |                            |   |
| Remove                        |           |             |                            |   |
| 6) Change                     |           | <u></u>     |                            |   |
| Add                           |           |             |                            |   |
| Remove                        |           |             |                            | *************************************** |

| (Attach additional sheets, if necessary). | (Be specific)   |
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| If an amendment provides for an exch      | ange, reclassification, or cancellation of issued shares. |
| (if not applicable, indicate N/A)         | ndment if not contained in the amendment itself:          |
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| 02/09/2017 The date of each amendment(s) adoption:   | 2017 FEB 10 AN 8: 45  | if other than the                 |
|--|---|-----------------------------------|
| date this document was signed.   |   |                                   |
| Effective date if applicable:  |   |                                   |
| (no more tha   | n 90 days after amendment file date)  |                                   |
| Note: If the date inserted in this block does not meet the ap-<br>document's effective date on the Department of State's records |   | is date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |   |                                   |
| ☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.                   | The number of votes cast for the amendm   | ent(s)                            |
| ☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled              |   |                                   |
| "The number of votes cast for the amendment(s) was/  |   |                                   |
| by(voting group)   |   |                                   |
| (voting group)   |   |                                   |
| The amendment(s) was/were adopted by the board of direct action was not required.  | tors without shareholder action and shareh  | nolder                            |
| ☐ The amendment(s) was/were adopted by the incorporators action was not required.  | without shareholder action and shareholde   | r                                 |
| 02/09/2017<br>Dated  |   |                                   |
| SignatureAlfonso l sosa  |   |                                   |
| (By a director, president or other of  | officer – if directors or officers have not be<br>in the hands of a receiver, trustee, or other<br>ary) |                                   |
| ALFONSO L. SOSA  |   |                                   |
| (Typed or print  | ted name of person signing)   |                                   |
| g  | инг ,   | 1.00                              |
| (Ti  | tle of person signing)  |                                   |