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Division of Corporations

Fax Number : (850)617-6380

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SOSA GROUP CORP

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## COVER LETTER

Division of Cerpor			
NAME OF CORPOR	ATION: SOSA GROUP C	CORP	
DOCUMENT NUMBER	P16000101120		
The enclosed Articles of	f Amendment and fee are so	abmitted for filing.	
Please return all corresp	ondence concerning this me	atter to the following:	
_		VIVIANA GARCES GON	VZALEZ
	-	Name of Contact Perso	n
		PRESIDENT	
_	<u> </u>	Firm/ Company	
		629 WOODGATE CI	RCLE
_		Address	-
		SUNRISE FL 3332	6
		City/ State and Zip Cod	¢
		info@hispanusainc.com	n
<del></del> -	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pless	se call:	
VIVIANA GARCES G	ONZALEZ	at (	225-3716
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	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		Amend Divisio Cliffon 2661 E	Address ment Section in of Corporations Building secutive Center Circle

## Articles of Amendment to Articles of Incorporation of

	of SOSA GRO	ITER CORR			
(Name		filed with the Florida Dept. of State	<u></u>		
Tvante	P160001	<del></del> ;	v		
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this J	Florida Profit Corporation adopts the	following am	endme	:nt(s) t
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 desig word "chartered," "professional association	nation "Corp." "Inc." or "C	Co". A professional corporation nam	r the abbrev	rianon	!
B. Enter new principal office address.	if annlicable:	629 WOODGATE CIRCLE			
(Principal office address MUST BE A.S		SUNRISE FL 33326			
C. Enter new mailing address, if apple		629 WOODGATE CIRCLE		_	
,		SUNRISE FL 33326	<u>- 7</u> 8	Ħ	
			2.5	3	-11
T 70	1/ /. 1 00 13		<u> </u>	2	===
D. If amending the registered agent as new registered agent and/or the ne		ess in Florida, enter the name of the		- t-	m
Name of New Registered Agent			三 四四	웊	Ü
	629 WOODGATE CIRCLE	2		<u>ت</u>	
	(Florida stre	et addressj		ţ.	
New Registered Office Address:	SUNRISE .	Florida	33326		
	(	Clay)	(Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regis		ith and accept the obligations of the po	sition.		
	Signature of New Re	gistered 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 Doe	
X Remove	$\overline{\lambda}$	Mike Jones	
X Add	<u>v2</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) X Change	P	VIVIANA GARCES GONZALEZ	629 WOODGATE CIRCLE
Add			SUNRISE FL 33326
Remove			<del> </del>
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
o) Change			•
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	<del></del>
	<del>.</del>
•	
<u> </u>	·····
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the amen	idinent il not contained in the amendment usen.
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(if not applicable, indicate N/A)	Table 1 I not contained in the amendment issen.

The date of each amendment	
date this document was signed.	10/20/2017
Effective date if applicable:	
_	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
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 amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
Ъу	
,	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
action was not required.	, adopted by the incorporators without shareholder action and shareholder
Dated	10/23/2017
Signature	v a director, president or other officer – if directors or officers have not been
se	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	VIVIANA GARCES GONZALEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)