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Division of Corporations

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COVER LETTER

14,	J:	Amendment Section	•
•	•	Division of Corporation	S

NAME OF CORPOR	ATION: INSHE, INC	
DOCUMENT NUMBI	ER: P17000007958	
The enclosed Articles o	f Amendment and fee are s	submitted for filing.
Please return all corresp	ondence concerning this m	natier to the following:
	·. · · · · ·	ON POMARES
-	POM	Name of Contact Person AARES ACCOUNTING SOLUTIONS, LLC
	3425	Firm/ Company NW 14 ST
	MIA	Address MI, FL 33125
		City/ State and Zip Code POMARES@HOTMAIL.COM
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IVON POM	ARES	786 314-1371
•	Contact Person the following amount made	Area Code & Daytime Telephone Number e payable to the Florida Department of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) CIS43.75 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address Idment Section Idment Sec	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 of

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nent(s) to

			ently filed wi	th the Florid	a Dept. of State)	
	· P17000007	958				•
• •	•	(Document Numb	er of Corporat	ion (if known	1)	
(Name of Corporation as currently filed with the Florida Dept. of State) P17000007958 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: The meaning name, enter the new name of the corporation: The meaning name, enter the new name of the corporation: The meaning mass be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) Florida (City) New Registered Agent's Signature, if changing Registered Agent: Hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						
A. If amending name, er	iter the new name	of the corporation	<u>:</u> .	• •		
	, .		·.			T/
inc., for Co., for the	designation "Com	." "Inc." or "Co"	. A professu	or "incorpoi unal corpora	rated" or the abbrev tion name must co	viation "Com
B. Enter new principal of	office address, if a	oplicable:			,	
(Principal office address)	<u>MUST BE A STRI</u>	EET ADDRESS)	•			
				. '		· · · · ·
C. Enter new mailing a (Mailing address MA	ddress, if applicab Y BE A POST OF I	<u>le:</u> FICE BOX)		4		
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	- •		· · ·			
D. <u>If amending the regis</u> new registered agent	tered agent and/o and/or the new re	r registered office : gistered office add	iddress in Flo ress:	rida, enter t	he name of the	
Name of New Rey	vistered Agent	· · · · · · · · · · · · · · · · · · ·				
						 ,
•		(Florida	a street address,	,		 .
New Registered C	Office Address:		,		Florida	•
			(Ciŋ)			Zip Code)
				• • •		•
New Registered Agent's	Signature, if chan	ging Registered Ag	ent:			
I hereby accept the appoin	tment as registerea	agent. I am famili	ar with and ac	ecept the obli	gations of the positi	on.
•			•		·	
				•		·
	` 	Signature of Ne	w Registered i	Agent, if chan	ging	
Check if applicable		- 5		<u> </u>	- 17	
The amendment(s) is/at	re heina filed nuren	unt to 6 607 0120 (in a co		-	-

Remove

address of each Officer (Attach additional shects Please note the officer/di P = President; V= Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D , if necess rector tite Presiden = Chief F rector wo I in the fo tves the c	Director being added: sary) le by the first letter of the t; T = Treasurer; S=.Secr inancial Officer. If an off ould be PTD. ollowing manner. Current corporation, Sally Smith is	office title: etary: D= Director; icer/director holds n ly John Doe is listed	TR= Tri nore than	lirector being removed and title ustee: C = Chairman or Clerk; C one title, list the first letter of each PST and Mike Jones is listed as the hould be noted as John Doe, PT a	EO = Chief h office held e V There is
Example: X Change	<u>P.T</u>	John Doc				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith		•		
Type of Action (Check One)	Title	<u>Name</u>		· ··.	<u>Addres</u> s	•
1) Change	. V·	MARIO L. PC	MARES		9894 NW 82 AVE APT.201	
X Add				_ .	HIALEAH GARDENS, FL 330	— 16
Remove				•		·. · .
2) Change					-	-
Add				· .		_
						
Remove Change	 ,-	-				<u> </u>
Add						
Remove		•			·	·.
4) Change			· 	•		— ·
Add					. ,	
Remove	, .				N N N	
5) Change		•				-
Add		-		·		· ·
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Remove	•			••		-
6)Change				<u>. </u>		·
Add .				•		

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Ε.	If amending or adding additional Articl (Attach additional sheets, if necessary).	es, enter change(s) here	<u>e</u> : ·		•	•	
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F.	If an amendment provides for an exchai	nge, reclassification, or	cancellation of	issued shares,			
	provisions for implementing the amend (if not applicable, indicate N/A)	Iment if not contained i	in the amendm	ent itself:			;
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(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)