P170000 19802

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AMASEX'S COR	P				
	BER: P17000019802					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	OSCAR VILCHEZ					
		Name of Contact Perso	n .			
	AMASEX'S CORP					
	Firm/ Company					
	3425 W LAMBRIGHT STREET					
	Address					
	TAMPA, FL 33614					
	•	City/ State and Zip Cod	e			
MAI	RIOABREU8@AOL.COM		,			
		sed for future annual report	notification)			
For further information	on concerning this matter, plea-	se call:				
OSCAR VILCHEZ		813 at (785-8090)			
Name	of Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment 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		Ameno Divisio	Address dinent Section on of Corporations			
), Box 6327 Jahassee, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMASEX'S CORF	01	
(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)
P17000019802		
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>i</u>	
THE CHEAP ZONE CORP		· The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," oword "chartered," "professional association," or the abbreviation	or "Co". A professional c	ncorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2019
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PR 15 AM 8: 26
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address.	iddress in Florida, enter t ress:	he name of the
Name of New Registered Agent		
(Floride	a street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		iganons of the position.

Signature of New Registered 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:

 $P-President;\ V=Vice\ President;\ \Gamma=Treasurer;\ S=Secretary;\ D=Director;\ TR-Trustee;\ C-Chairman or\ Clerk;\ CEO=Chief\ Executive\ Officer;\ CFO=Chief\ Financial\ Officer.\ If\ an\ officer/director\ holds\ more\ than\ one\ title,\ list\ the\ first\ letter\ of\ each\ office\ held.\ President.\ Treasurer,\ Director\ would\ be\ PTD.$

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(9 1111 1117)	
·	
	

The date of each amendment date this document was signed		, if other than the
•	JANUARY 2, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendmen are sufficient for approval.	I(S)
	re approved by the shareholders through voting groups. The following states ad for each voting group entitled to vote separately on the amendment(s):	ment
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/wei action was not required.	e adopted by the incorporators without shareholder action and shareholder	
JANU Dated	SARY 19, 2019	
Signature _	Albano -	
(B	By a director, president or other officer – if directors or officers have not bee elected, by an incorporator – if in the hands of a receiver, trustee, or other co oppointed fiduciary by that fiduciary)	
	OSCAR VILCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)