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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SHORT BODY S	HOP TIFFANY CORP		
DOCUMENT NUME	P17000037844			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	HECTOR TRUJILLO			
		Name of Contact Person	1	
	JDH BUSINESS SOLUTIO	ons		
		Firm/ Company		
	PO BOX 570698	. Time company		
		Address		
	MIAMI, FL 33257			
		City/ State and Zip Code	e	
ht@ie	dhbusinesssolutions.com			
		sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
HECTOR TRUJILLO		305 at (251-3312	
Name of Contact Person at (Area Code & Daytime Telephone		de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Street Address Amendment Section Division of Corporations		
P.O	. Box 6327	Cliftor	Building	
Tali	ahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SHORT BODY SHOP TIFFANY CORP

(Name of Corporation a	as currently filed with the Florida Dept. of State)
P17000037844	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered." "professional association," or the abb	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS)</u>
	\
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling uturess MAT BE A TOST 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 off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: un familiar with and accept the obligations of the position.
	re 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; 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.

Example: X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	HECTOR TRUJILLO	21130 SW 90 PL
Add			CUTLER BAY, FL 33189
X Remove			
X Change	PVTS	LAZARO APONTE	11520 SW 178 TERRACE
Add			MIAMI, FL 33157
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an excl	nange, reclassi	fication, or car	cellation of issue	d shares,	
provisions for implementing the ame	ndment if not	contained in th	e amendment its	elf:	
(if not applicable, indicate N/A)					
	· · · · · ·				

	09/27/2019	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
	9/27/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	it(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	lder
	040	
09/27/2 Dated	019	
Dated		
Signature		
	a director, president or other officer – if directors or officers have not bee	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other co	aurt
арро	pinted fiduciary by that fiduciary)	
	LAZARO APONTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	