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3.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:					
DOCUMENT NUMBER: P17000052546					
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	atter to the following:				
Jason A. Trigillo					
	Name of Contact Person				
 	Firm/ Company				
2604 SE Willoughby Blvd.					
	Address				
Stuart, FL 34994					
	City/ State and Zip Code				
jason.trigillo@ffbic.com					
E-mail address: (to be	used for future annual report notification)				
For further information concerning this matter, plea	ase call:				
Jason A. Trigillo	at (772-) 600-4628				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	e payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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 P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to

FILED

to
Articles of Incorporation of

17 DEC 19 PH 2: 10

SECONDA DE LATE. TABLABASAS EL LAGA Jason A. Trigillo, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000052546 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must 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 office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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; 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 Do	<u>oc</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	-	_		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
Amend under Article III "Selling Insurance	" instead of "Any and all lawful Business"
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

12/15/2017 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	The state of the s
Effective date if applicable:	
(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	cholder action and shareholder
12/15/2017	
Dated	7
Signature // //	Ti.M
(By a director, president or other officer - if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
Jason A. Trigillo	
(Typed or printed name of	person signing)
The state of the s	Mille
(Title of perso	n signing)
	,

. . . .