P17000055470

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tailahassee, FL 32314

NAME OF CORPORATION: SSOVA, Inc. P17000055470 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Samuel R. Cibrone Or.
Name of Contact Person SSOVA Inc.
Firm/ Company St. Pete Beach, FL 33706

City/ State and Zip Code 59 m cibrone 1 9 yahoo. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sanjuel R. Cibrone Jr. at 813 787-6221

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

SSOV4, Inc	7 11 122 11 10- 10
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P1700005545	7 <i>0</i>
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	I professional corporation name must contain the word
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 new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	<u>:</u> with and accept the obligations of the position,
Signature of New R	egistered 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

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	<u>PT</u> <u>Jo</u>	ohn <u>Doe</u>			
X Remove	<u>v</u> <u>M</u>	V Mike Jones			
X Add	<u>SV</u> Sa	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	Jennifer Cibrone	4341 Miller Or.		
Add			St. Pete Beach, FL		
X Remove		N .	33706		
2) X Change	VP	Samuel R. Cibrure Jr.	4341 Miller Dr.		
Add			St. Dete Beach, FL		
Remove 3) Change	P	Casey A. Winn	33706 6406 Ni Central Ave		
X Add		•	TAMP9 41 33604		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					
		Page 2 of 4			
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					

	
	
	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) The total shares will be reallocated. Jennifer Cibrone will go from 25° to O shares. Samuel R. Cibrone St. will go from 75 shares to I share. Casey Winn go from O to 99 shares. There is still a total of shares.	m.11 100
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	-	The number of votes east for the amendment(s)
- · · · · · · · · · · · · · · · · · · ·		through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was	were sufficient for approval
by		
	(voting group)	
action was not required.		tors without shareholder action and shareholder without shareholder action and shareholder
action was not required.	adopted by the incorporators	without Shareholder action and Shareholder
Dated	2-30-2019 DINC	
Signature	U/ N C	h
(By a selec	i director, president or other o	officer – if directors or officers have not been the hands of a receiver, trustee, or other court
	Sque R	ted name of person signing)
	President	
	(Title of person signing)	