

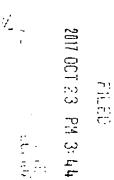
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C. GOLDEN OCT 2 4 2017

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: TDE SUNSHINE	CO2P			
DOCUMENT NUMBER: P170000 57997				
The enclosed Articles of Amendment and fee are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
DAILIN ABIA (OUE LO Name of Contact Person				
JDE SUNSHIN Firm/Company	Ĕ			
13770 SW 272 nd St #	203			
Homestiad, FL, 3° City/ State and Zip Cod	3032			
City/ State and Zip Cod	P .			
DABIAGUE 88 @ GMAIL. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DAILIN ABIAGUE LOPEZ at 239 Name of Contact Person Area Co	, 603 - 4955			
Name of Contact Person Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Fiting Fee	D\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	Address			
Amendment Section Amend	lment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tailahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

FILED

JDE	SUNSH	INE	CORP	2017 ()	rT 23	PH 3: 4
(Name of Corpo	ration as currently	filed with	the Florida Dep	i. of State)		
P	1700005=	7997		<u>A</u>		rant Ĉint
(Do	cument Number of (Corporation	a (if known)	-38	-	
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	rida Statutes, this Fi	lorida Proj	fit Corporation a	lopts the follow	ving anser	ndment(s)
A. If amending name, enter the new name of th	e corporation:					
<i>11/</i>	A				The	new'
name must be distinguishable and contain the "Corp.," "Inc.," or Cv.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "C	о". A pro .д."	fessional corpor	vion name mu	st contab	n the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	137	70 5W 27	12 nd 31	#203	3	
	<u>IDDRESS</u> (Ho	nestrad	FL, 3	<u>3032</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		70 sw nestead	272 nd 5	3032	- <u>2</u> 03 -
D. If amending the registered agent and/or reginew registered agent and/or the new registered		ss in Flork	la, enter the nam	ne of the		
	A / / A					
Name of New Registered Agent	NIF				_	
	(Florida siree	•	- 11 	<i>(</i>		
New Registered Office Address: 13770	2		3 Homska			-
	74.	(iù)		بعا	ip Code)	
New Registered Agent's Signature, if changing l		th and acci	ept the obligation	s of the position	n.	
	•			•		
s	ignature of New Reg	istered Ag	ent, 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 Doe	
X Remove	<u>v</u>	Mike Junes	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change	P		13770 SW 272 nd ST #203
Add		(amend name, has	Homestead, FL, 33032
Remove		to be exactly like this) (no titles)	
2)Change		(NO 11109)	
Add			
Remove			
3)Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Damento			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
The President's name has to appear as	
The President's name has to appear as IORGE & PEREZ, without any title and/or another last name.	,
A mother last was ma	
a no ret sust para.	_
	
	_
	
.	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after an	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gro- must be separately provided for each voting group entitled to vote separately	•
"The number of votes east for the amendment(s) was/were sufficient for	approval
by(voting group)	[,] ,
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	r action and shareholder
Dated 10/20/2017	
(By a director, president or other officer - if director selected, by an incorporator - if in the hands of a recappointed fiduciary by that fiduciary)	
JORGE E PER	ZEZ JAIME
(Typed or printed name of person	
PRESTDENT	T
(Title of person signing	ng)