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SEP 07 2017

COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment | _ E D to Articles of Incoffoseon-5 AM | |: 08

Supp Manuting Miner of the same
(Name of Corporation as currently filed with the Florida Dept. of State)
0170000 W7 485
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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 any district the state of
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:
The registered agent and/or the new registered office address.
Name of New Registered Agent POR DE "JOSE" SWATOS
10112 BLOOMSING LOOD
(Florida street address)
1 ional sireet address)
New Registered Office Address: Winter Springs Florida 32100
(Čity) (Zip Code)
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.
-Julipa Jantos
Signature of New Registered Agent, if changing
\int_{Γ}

Executive Officer; CFO : held. President, Treasure. Changes should be noted	President = Chief F r, Directo in the foi ves the co	; T= Treasure Financial Offic or would be Pi llowing manne orporation, Sa	er; S= Secretary; ser. If an officer/ TD. er. Currently John lly Smith is name	D= Director; TR= 7 director holds more n Doe is listed as the	than one PST and	C = Chairman or Clerk; CEC title, list the first letter of ea Mike Jones is listed as the V. e noted as John Doe, PT as a	ich office There is
Example:							
X Change	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jones					
X Add	<u>SV</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	Ļ	ا ،	<u>Addr</u>	<u>es</u> s	
1) Change	6	<u> </u>	Heway	Corporah			inlap
Add				012		Her Springs, F	2 32708
Remove				U1/C	185	5 W state Road	4345 FC 273
2) Change	0	Felin	e"Juse"	Santos -		groud, Pl 3275 Blenheimlow	JU
Add		- `-			Win	tu Spiras, FL	32708
Remove						<u> </u>	
3) Change		_ <u> </u>				·····	
Add							
Remove			<u>.</u>				
4) Change		<u> </u>					
Add							
Remove							
5) Change							
Add							
Remove							
A							
6) Change		-	1				
Add							
Remove							•

Page 2 of 4

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)

Attach additional sheets, if necessary). (a	He specific)
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If an amendment provides for an eychan	ge, reclassification, or cancellation of issued shares,
it an amendment provides for an exemans	et reciassification, or cancellation of issued shares,
provisions for implementing the amenda	ment if not contained in the amendment itself:
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provisions for implementing the amenda	ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	Lugust 30,	2017	, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days o	ifter amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department		atutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	shareholders. The numbe approval.	r of votes cast for the amend	lment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting			
"The number of votes cast for the am	endment(s) was/were suffic	ient for approval	
by	oting group)	<u> </u>	
(1	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without	shareholder action and shar	eholder
☐ The amendment(3) was/were adopted by the action was not required.	e incorporators without sha	reholder action and sharehol	der
Dated AUGUST	30,2017	1	
Signature	Hovide Se	uitiX	
(By a director, pr selected, by an in		directors or officers have not of a receiver, trustee, or other	
	Felipe	person signing)	untos
	(Typed or printed name of	person signing)	
~ ~~\	(Title of perso	MUT n signing)	
		0 ne/	