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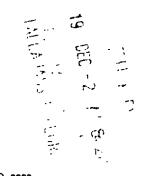
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JAN 0 8 2020

S. YOUNG

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	ATION: 5302 BISCAYNE (CORP	
DOCUMENT NUMBI	ER: P17000072172		
	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
		LESILIE BAUTE	
<u>-</u>		Name of Contact Person	
-		Firm/ Company	<u> </u>
-		Address	
_	50 BISCAYNE I	SOULEVARD APT 5302	
		City/ State and Zip Code	
		LESLIEBAUTE@GMAIL ed for future annual report	
	concerning this matter, pleas		767 9617
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio The C	Address Imment Section Imment Section Imperiment of Corporations Imperiment of Tallahassee Imperiment of Tallahassee Imperiment of Tallahassee Imperiment of Tallahassee Imperiment of Tallahassee

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

5302 BISCAYNE CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P17000072172 (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)

(Cin)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

, Florida

(Zip Code)

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: <u>X</u> Change	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	BAUTE, LESLIE	50 BISCAYNE BLVD APT 5302
Add			MIAMI FL 33132
X Remove			
2) Change			
Add			
X Remove 3) Change	Đ	SOSA, ANDREA	50 BISCAYNE BLVD APT 5302
Add			MIAMI FL 33132
, Remove			
4) Change	PSTD	SOSA. ALFREDO	50 BISCAYNE BLVD APT 5302
X Add			MIAMI FL 33132
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			
		Page 2 of 4	
E. If amending or additional she	ng additi ets, if ned	ional Articles, enter change(s) here: cessary). (Be specific)	

		
		
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F. If an amendment provides for an exchange, reclass provisions for implementing the amendment if no (if not applicable, indicate N/A)	t contained in the amendment itself:	
	· · · · · · · · · · · · · · · · · · ·	
		11
		
		<u>.</u>
		 -
	Page 3 of 4	
The date of each amendment(s) adoption: 11/21/2019 late this document was signed.		, if other than th
Effective date if applicable:		
	e than 90 days after amendment file date)	

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)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ent for approval.
The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 11/21/2019 Signature	3AUTE)
selected, by	or, president of other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
LES	SLIE BAUTE
_	(Typed or printed name of person signing)
DIR	ECTOR
(Titl	e of person signing)