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COVER LETTER ...

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	on: SS	P 2017	Inc
DOCUMENT NUMBER:	PIZ	xxx0845118	
The enclosed Articles of Ai			
Please return all correspond	lence concerning this ma	tter to the following:	
		Yomran	
		Name of Contact Pe	erson
		Firm/ Company	
	13606	Statt R.	D Mist 84
	Dearie	, FL 333	D West 84 Z5 Code
	\r	City/ State and Zip (Code
	E-mail address: (to be us	vi (9 NO \ (port notification)
	is man didness, (to be di		,
For further information con	cerning this matter, pleas	se call:	
Kaman	Nan: f	at (OF	1 Code & Daytime Telephone Number
Name of Co	ntact Person	Area	Code & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida L	Department of State:
₩ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address			reet Address nendment Section
Amendment Section Division of Corporations			vision of Corporations

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

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

Articles of Amendment

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•	Articles of Incorp of	peration	17 NOV -5 AH 10: 17
S5	SP 2017	Inc	SECRETARY of
	poration as currently fi		ida Dept. of State) [F1 Gillin
	170000845		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	Document Number of Co	orporation (if kno	wn)
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	orida Profit Corpo	pration adopts the following amendmen
If amending name, enter the new name of	the corporation:		
			The new
une must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professiona	d corporation name must contain the
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)		
	•		
If amending the registered agent and/or renew registered agent and/or the new regis		<u>in Florida, ente</u>	r the name of the
	tered office address;		
Name of New Registered Agent		<u> </u>	
	(Florida street i	address)	
New Registered Office Address:	(Ci		, Florida

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: X Change	<u>b.L</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>D</u>	Grucham Menta	13606 State PD
Add			west by Davie
Kemove			FL 33325
2) Change	7	Graviam Menta	13606 State RD
Add			Trest 20 panie
Remove			FC 33325
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
<i>5)</i> Change			
Add			
Remove			
6) Change			
Add			
Romove			

<u>f amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)		
 -			
			<u>-</u> -
			
			
			-
			_
	12.15.10		
f an amendment provides for an exch	ange reclassification, or cancell	ation of issued shares.	
provisions for implementing the ame	adment if not contained in the a	mendment itself:	
(if not applicable, indicate N/A)			
	· · · · · · · · · · · · · · · · · ·		
<u> </u>			
			-
			

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 amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s 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 votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following star must be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated	
(By a director, president or other officer – if directors of officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	court
Kumran Hanit	
(Typed or printed name of person signing)	
(Title of person signing)	