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C. GOLDEN
JUN 2 6 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ATION: +HE + 1 ER: _ P 170	00 Broth	ers, Corp.
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	Pedu	o Lôpe	2
_		Name of Contact Persor	1
-	THE TWO	Firm/ Company	COVP.
	4955 N	(1) 167 S	†,
_	Miami G	Address Andens 7	FL 33055
-		City/ State and Zip Code	a
For further information	E-mail address: (to be us concerning this matter, pleas	ed for future annual report e call:	notification)
Pedro 1	-óPez	at (786	863-1522
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	urtment 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)
Amer Divis	ing Address idment Section ion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Sterring Pyles THE two Brothers, (Name of Corporation as currently filed with the Florida Dept. of State)

P - 17 00 00 96718

(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:

N/A	The ne
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	~/ _A
mening duress MAT DE A TOST OF THE BOX	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
Name of New Registered Agent	N/A .
- 	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
	ル /Ą.
Signa	ture of New Registered 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 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Salty</u>	Smith	
Type of Action (Check One)	Title	Name	Address
I) Change	<u>VP</u>	Jeanett Patriola	Gutierrez
Add			19269 NW 51 PL
X Remove			MIAMI GALDENS, FC 33055
2) Change		~/A	
Add			
Remove			
3) Change	<u> </u>	N/A	-
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		~/A	
Add			
Remove			
6) Change		~/A.	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/K
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 M

•			
The date of each amendment(s) adoption date this document was signed.	n:	6/22/2018	, if other than the
iate this document was signed.		, / , , , , , ,	
Effective date <u>if applicable</u> :	06	22/2018 n 90 days after amendment file dat	
	(no more than	n 90 days after amendment file dat	e)
Note: If the date inserted in this block document's effective date on the Departme			nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by by the shareholders was/were sufficien	y the shareholders. T t for approval.	The number of votes cast for the an	nendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v			
"The number of votes cast for the	amendment(s) was/w	vere sufficient for approval	
by		"	
	(voting group)		
☐ The amendment(s) was/were adopted b action was not required.☐ The amendment(s) was/were adopted b			
action was not required.	y the meorporators w	mout shareholder action and share	enorder
0.6	100/2010	2	
Dated OG	122/2018		
	72		
Signature		25	
		fficer – if directors or officers have the hands of a receiver, trustee, or	
	n incorporator = if in uciary by that fiduciar		other court
		_	
	red	vo hopez	
	(Typed or printe	ed name of person signing)	
	P	ident.	
	(Titl	le of person signing)	