## P1200003036

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Skills Stop INC. DOCUMENT NUMBER: P18000003026 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: St. Cloud, Florida 34771 City/ State and Zip Code Mignel baruso 247@ gmail. com 4-mail address: (to be used for future andual report notification) For further information concerning this matter, please call: at (407) 874.7300 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

> 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**

to

ı r	Articles	of Incorporation	59h.
< \	1.11	of File	
رر	-1115	210D TUC.	
(Name of	Corporation as cu	urrently filed with the Florida Dept. af States 20 F	) <u>%</u> 53
۲ (		V 30d6	CTATE
`	(Document Nur	nber of Corporation (if known) TALLAHASSEE, I	FLORIDA
ursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statute	s, this Florida Profit Corporation adopts the following	imendment(s)
. If amending name, enter the new nam	ne of the corporati	on:	
N/A	·		· ·
	tion "Corp," "Inc,	oration," "company," or "incorporated" or the abb " or "Co". A professional corporation name must co	
. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>		N/A	<del>,</del>
Enter new mailing address, if application		N/A	
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	10/1	
•			
. If amending the registered agent and	or registered offic	e address in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	N/A		
	//		
-	(Flo	rida street address)	
V D	ni /A		
New Registered Office Address:	<del>- 10 / /\ -</del>	(City) , Florida (Zip Co	de)
		(-17)	/
ew Registered Agent's Signature, if cha			
hereby accept the appointment as register	red agent. I am fan	niliar with and accept the obligations of the position.	
	Signature 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 <math>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	PT John	n Doe	
X Remove	V Mik	<u>ce Jones</u>	
X Add	SV Sall	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>S</u>	Toya Bakuso	2013 Murcott DR.
Add			St. Cloud, FL. 34771
× Remove			
2) Change	T	Zamiroddin Kazi	2832 Paige Dr. Kissimmee, FL 3474
× Add			Kissimmee, FL 3474
Remove			
3) Change	<del></del>		
Add			
Remove			<del> </del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
A 61			
6) Change	<del> </del>		
Add			
Damovo			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
)
N/A
N/A
•
<del></del>
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)
NI Ža
N/A

The date of each amendment(s) adoption: Warm 5 <sup>th</sup> 2018	, if other than the
Effective date if applicable: March 5th 2018	
Effective date if applicable: March 5th 2018  (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	nent(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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Miguel Barruso / Ryan Buhain of Skills Stop inc. " (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehaction was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated 3/5/2018	
Signature Ar Office	
(By a director, president or other officer if directors or officers have not b selected, by an incorporator if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Miguel Baruso (Typed or printed name of person signing) President	
(Typed or printed name of person signing)	
(Title of person signing)	
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