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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:SUM	Shine Bracing Solutions
DOCUMENT NUMBER: P18000	211094
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
	Name of Contact Person
	Shine Bracing Solutions Firm/ Company
<u> 5100 we</u>	st Copans Rd Ste 300
Margal	City/ State and Zip Code
	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Emmanuel Silva Name of Contact Person	at (954) 439-0898 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

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Sunshine Bracing Solutions inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P18000011094
(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:
The new
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 <u>MUST BE A STREET ADDRESS</u>)
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 Scan P. Aaron Son
5100 West Copans Rd Ste 300 (Florida street address)
New Registered Office Address: Margate , Florida 33063 (City) (City)
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.
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 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 D	<u> Doe</u>	
X Remove	V Mike J	lones	
<u>X</u> Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	wolfe, Kelly L	454 20th are
Add Remove			Indian Rocks Brach, FL 33785
2) Change		Poppe, Schuyler S	454 20th ave
Add Remove		,	Indian Rocks Peach, Fl. 33785
3) Change Add	CEO	Silva, Emmanuel	500000 5100 W copans Rd Ste 300 Margale, FC
Remove 4) Change Add		Ocûsio, Francisco	33063 5100 W Copans Rd Ste 300 Margate, FC 33063
Remove Change Add	_5_	Aaronson, Sean P	5100 w. copans Rd sie 300 Margate, Fl 33063
Remove			
Add			

Attach additional sheets, if necessary).	(Be specific)
-	
	<u> </u>
	
If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	•

The date of each amendment(s) adoption:
Effective date if applicable:
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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated7 2 8 Signature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Emmanuel Silva
(Typed or printed name of person signing)
CEO
(Title of person signing)