P18000015816

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SEP 1.7. 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A	DVITRUST CO	RP		
	00015816			
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.		
Please return all correspondence co	oncerning this mas	tter to the following	ng:	
JEFER RE	STREPO			
 		Name of Cont	act Person	
ADVITRUS	T CORP			
		Firm/ Cor	npany	
1201 E SU	NRISE BLVD U		. ,	
		Addre	:58	
FORT LAU	DERDALE, FLO	ORIDA 33304		
		City/ State and	l Zip Code	
ADMIN@ADVIT	RUST.COM			
E-mail	address: (to be us	sed for future anni	al report	notification)
For further information concerning	this matter, pleas	se call:		
JEFER RESTREPO	at (860	985-2188	
Name of Contact Pe	erson		Area Coo	_)
Enclosed is a check for the following	ng amount made j	payable to the Flo	rida Depa	rtment of State:
	75 Filing Fee & ficate of Status	□\$43.75 Filing Certified Cop (Additional e- enclosed)	oy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314			Amenda Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Black of MILLS

Articles of Amendment to Articles of Incorporation



ADVITRUST CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P18000015816 (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." 1201 E SUNRISE BLVD UNIT 205 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) FORT LAUDERDALE, FLORIDA 33304 C. Enter new mailing address, if applicable: 1201 E SUNRISE BLVD UNIT 205 (Mailing address MAY BE A POST OFFICE BOX) FORT LAUDERDALE, FLORIDA 33304 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) New Registered Office Address: . Florida (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: \underline{X} Change	<u>PT</u>	John Doc	
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	MBR	LUIS A. RAMIREZ	12632 SW 119 COURT
Add			MIAMI, FL 33186
X Remove			·
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Romaro			

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)	If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A)	provisions for implementing the ame	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
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	08/01/2018	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
08/01/20	18	
DatedSignature		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	JEFER RESTREPO	
	(Typed or printed name of person signing)	
	MEMBER	
	(Title of person signing)	

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