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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Patriot Prime Inc.
DOCUMENT NUMBER:	P18000015866
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
	Cesar Rodriguez
	Name of Contact Person
	Patriot Prime Inc
	Firm/ Company
	108 Colson Rd
	Address
	Plant City, FL 33567
	City/ State and Zip Code
	crod@patriotprimeinc.com
E-mail	ddress: (to be used for future annual report notification)
For further information concerning	his matter, please call:
Cesar Rodriguez	at (813) 730-7346
Name of Contact Po	son Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
	S Filing Fee & Certified Copy (Additional copy is enclosed) S Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Address</u> Amendment Sect Division of Corp	rations Division of Corporations
P.O. Box 6327 Tallahassee, FL 3	Clifton Building 2314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Patriot Prime In

	Patnot Prime				
(Name of	Corporation as currently	iled with the Flori	da Dept. of State)	
	P18000015	866			
	(Document Number of C	orporation (if know	n)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	orida Profit Corpor	ation adopts the fo	ollowing amendr	ment(s) to
A. If amending name, enter the new nam	e of the corporation;				
name must be distinguishable and contai "Corp" "Inc.," or Co.," or the designati word "chartered," "professional associatio	on "Corp," "Inc," or "Co	". A professional			on
B. Enter new principal office address, if	applicable:				_
(Principal office address <u>MUST BE A STR</u>				至 6	_
					- -T1
				55	
C. Enter new mailing address, if applica				$S_{\rm EC}^{\rm int}$	m
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)				_ つ
) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	_
				D7 DA	
					-
 If amending the registered agent and/onew registered agent and/or the new remarks. 		s in Florida, enter i	the name of the		
Name of New Registered Agent	Miguel A. Rodriguez				
	108 Colson Rd				
_	(Florida street	address)			
New Registered Office Address:	Plan	t City	. Florida	33567	
Control of the state of the sta	(C	ity)	, riorida_	(Zip Code)	-
	(C	ity)	,		-
New Registered Agent's Signature, if char	nging Registered Agent:				
hereby accept the appointment as registere	ed agent. I am familiar wit I	h and accept the obl	igations of the pos	sition.	
	MATTA				
	Signature of New Reg	istered Agent, if cha	nging		
	, ,	~ • •			

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 Joh	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	P	Dagoberto Rodriguez	3509 Willow Rd
Add			Wimauma, FL 33598
X Remove			
2) X Change	P	Miguel A. Rodriguez	108 Colson Rd
Add			Plant City, FL 33567
Remove			
3) X Change	<u>vr</u>	Cesar Rodriguez	108 Colson Rd
Add			Plant City, FL 33567
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	, if necessary).	(Be specific)				
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<u>provisions for impleme</u>	enting the amer	ange, reclassific idment if not co	ation, or cancella ntained in the an	ition of issued st rendment itself;	nares,	
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f an amendment provice provisions for implement (if not applicable, in	enting the amer	ange, reclassific ndment if not co	ation, or cancella ntained in the an	ition of issued shendment itself;	nares.	
<u>provisions for impleme</u>	enting the amer	ange, reclassific	ation, or cancella ntained in the an	ition of issued shendment itself;	nares.	

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 date we document's effective date on the Department of State's records.	vill 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 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.	
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) (Pyped or printed name of person signing)	
(Title of person signing)	

. . . .