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TALL AHASSEE, FLORIDA

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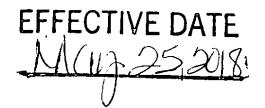
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUNSHINE	SNIPPS MALE IMAGERY INC
DOCUMENT NUMBER: P18000028962	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
MARVIN CORRALES	S
	Name of Contact Person
	Firm/ Company
8881B FONTAINEBL	EAU BLVD STE 104
MIAMI, FL. 33172	Address
	City/ State and Zip Code
MARVINCORRALES@GM	IAIL.COM
E-mail address; (to	be used for future annual report notification)
For further information concerning this matter	, please call:
MARVIN CORRALES	at (305) 794-5327 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation :	as currently filed with the Florida Dept. of State)
SUNSHINESNIPPS MALE IMAGERY INC P18	8000028962
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statistis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpo	gration:
	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "PA"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)
C. Enter new mailing address, if applicable:	77.0
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- FG T
	NE Y
	SS SS TO
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 offi	
Name of New Registered Agent	
	*
	(Florida street address)
New Registered Office Address:	. Florida
The state of the s	(City) (Zip Code)
Van Barta a La catalla a seguina a s	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligations of the position
C:	Nam Barriaga I Laure II day
Signatur	re 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: <u>X</u> Change	<u>PT</u>	John Doe	
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) X Change	V	YILIAN B. CONDINANZO	4242 SW 131ST TERR
Add			MIRAMAR, FL. 33027-3161
Remove			
2) Change			
Add			
Remove			
3 + Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		1.450.6	
Remove			

If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amendment if not contained in the amendment if not contained in the amendment.		
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<u>provisions for implementing the amendment if not contained in the ame</u>	on of issued shares,	
	idment itself:	
Alf not applicable, indicate N/A)		

, 1 -	040.40200	
The date of each amendment(s) ad	05/14/2018 Jontion:	, if other than the
date this document was signed.		, if other than the
05/2:	5/2018	
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	-14-2018	
Signature / V	STIM -	
/By/a di ∫ selected	rector president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
_	JUSTIN A. CONDINANZO	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	