## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

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Account Number : I2017000018 Phone : (305)222-2289

Fax Number : (305)221-3810

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HECKETARY OF STATE

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SUSO'S INC.

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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SUSO'S INC DOCUMENT NUMBER: P1800003542 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: BLANCA L LACAYO Name of Contact Person HADAS ACCOUNTING AND TAX SERVICES Firm/ Company 210 SW 107TH AVE Address MIAMI, FL 33174 City/ State and Zip Code hadastaxeservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BLANCA L LACAYO Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## Articles of Amendment to Articles of Incorporation

	At tietes of the orbot atten	والمك	
SUSO'S INC	of	22	نت. د. ده چرک
		<del></del>	
P18000035428	oration as currently filed with the Florida Dept. of State)	玄	 48
(D	Occurrent Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statuțes, this Florida Profit Corporation adopts the following	ing amendment	(s) to
A. If amending name, enter the new name of t	he corporation:		
	word "corporation," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation name must refer the abbreviation "P.A."		
B. Enter new principal office address, if applic	cable:		
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)		
		<del></del>	
•			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)	<del></del>	
	<del> </del>		
D. If amending the registered agent and/or requirement registered agent and/or the new registered agent and/or the new registered.	eistered office address in Florida, enter the name of the ered office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	, Florida		
	(City) (Zip	Code)	
New Registered Agent's Signature, if changing	Decistored America		
I hereby accept the appointment as registered age	ent. I am familiar with and accept the obligations of the position.	,	
	· ·		
	Signature of New Registered Agent, if changing	_	
	ықпышғы ој тем кехысеген ахепі, іј санақтар		

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	<u>PT</u>	John Doe			
X Romove	Y	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
l) Change	PT	ARIEL ZAMBRANO	2400 NW 110TH AVE MIAMI		
Add XXX Remove					
	PŢ	Francisco Byron Mauricio Zambrano.	o <i>mer 0</i> 2400,nw 110th ave miami		
2) Change		Transactor Dyron Francisco Dimordiaco	H1am, FL 33112		
XXX Add	•				
Remove			· · · · · · · · · · · · · · · · · · ·		
3)Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	<del> </del>				
Add					
Remove					

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)	Attach additional s	ding additional Art heets, if necessary).	(Bc specific)				
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	<u>.                                    </u>						

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing required to current's effective date on the Department of State's records.	irements, this 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 east for by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The families must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	n and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	i shareholder
Dated October 11,2018	
Signature (2)	
(By a director president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
Ariel Zambrano	
(Typed or printed name of person signing)	<del></del>
P	
(Title of person signing)	