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SECRETARY OF STATE
AND ANALYSES FOR DRING

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MAY 22 2018

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COVER LETTER

O: Amendment Section Division of Corporations
DOCUMENT NUMBER: P1800044717
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
(Olady S Order do I Name of Contact Person GT Counder top 3 Cont Firm/ Company Address Address Address City/ State and Zip Code Clady Obando 2+ @ Gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Oladys Doando at 754 242144 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:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation

GJ (Name of	Articles of American to Articles of Incomposition as currently (Document Number of Control of Contr	poration PS DW Med with the Florida Dept O YY 717	of State)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation ad	lopts the following amendment(s) to
A. If amending name, enter the new nam	e of the corporation:		
NA		_	The new
"Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association B. Enter new principal office address, if (Principal office address MUST BE A STI) C. Enter new mailing address, if application (Mailing address MAY BE A POST Office)	on," or the abbreviation "P applicable: REET ADDRESS) able: FFICE BOX)	Coladys 2312 W Hialeah T	17st 56 33016
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the nar	ne of the
Name of New Registered Agent	il K	· · · · · · · · · · · · · · · · · · ·	
•	(Florida stre	et address)	
N. D. in all Office Althous	V	,	, Florida
New Registered Office Address: _	(City)	(Zip Code)
New Registered Agent's Signature, if child line is the appointment as register in the appointment as register.	red agent. I am familiar w	ith and accept the obligation 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	<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	Name	Address ,
1) Change	P	Cladys Obando	2372 W 775t Hialenh FC 33016
X Add		ι	Hialeah FC 33016
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
/×	
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lf an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
7/K	

The date of each amendment(s) addate this document was signed.	option:, if other than
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
the amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.
☐ The amendment(s) was/were app must be separately provided for	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 cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
	pted by the incorporators without shareholder action and shareholder
action was not required.	/ /
5/	17/18
DatedS/	
Signatura S	Slatic All S
Signature	irector, president or other officer - if directors or officers have not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	Grays Obando
	(Typed or printed name of person signing)
	President
	(Title of person signing)