(Requ	iestor's Name)	,
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PICK-UP	☐ WAIT	MAIL
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WALK IN		
	PICK UP:	
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	MSHSI Enterris	es Inc.
	(CORPORATE NAME AND DOCUMENT#)	
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	(CORPORATE NAME AND DOCUMENT #)	
PECIA	L INSTRUCTIONS:	
		

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

Division of Corporations			
NAME OF CORPORATION: NSASi Enterprise Inc.			
DOCUMENT NUMBER: <u>71800052963</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Clizabeth Soto Name of Contact Person			
NSASi Enterprise Inc.			
Firm Company			
631 E 47 St			
Address			
Hialean PC 33013 City/ State and Zip Code			
NSASI 21@ 9 mail com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Elizabeth So-to at (305, 834-2310			
And code to Sayanie Telephone (Somber			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
S35 Filing Fee			
Mailing Address Amendment Section Section Amendment Section			
Amendment Section Amendment Section Division of Corporations Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment
10
Articles of Incorporation

Articles of Incorporation
NSASI Enterprises Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) AS S LCC T
D. If amending the registered agent and/or registered agent
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
(Finrida street address)
New Registered Office Audrees:
(Cuy) (Zip Code)
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 Prevident; 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> <u>John</u>	<u>1 Doe</u>	
\underline{X} Remove	Y Mik	<u>e Jones</u>	
_ <u>X</u> Add	<u>SY</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove	Y.P.	Manuel Soto	631 E. 475t Haleah PC 33013
2) Change			
Remove 3) Change Add			
Remove			
4) Change Add Remove			
5) Change			
Add			
6) Change			
Remove			

Attach additione	adding additional Art il shcets, if necessary).	(Be specific)	-1 NOT C.		
					
					
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tif not applic	cable, indicate NA)	- The Cont	aned in the amer	igment ((seit;	
					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
ino 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 document's effective date on the Department of State's records.	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 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.	
Dated	
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)	
Elizabeth Soto (Typed or printed name of person signing)	·
President. (Title of person signing)	