P18000074119

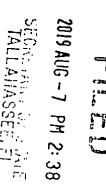
(Red	questor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to F	——————————————————————————————————————	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	S:3S ENTERPRISE	ES FL INC	
	18000074119		<u>.</u>
The enclosed Articles of American	ndment and fee are su	bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
EDGA	RDO SANCHEZ		
		Name of Contact Person	n .
3S EN	TERPRISES FL INC		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
1106 W	OAK ST SUITE CI		
		Address	
KISSIM	имее fl 34758		
	7	City/ State and Zip Cod	e
BRENDA.M	AS@AOL.COM		
E-	nail address: (to be us	sed for future annual report	notification)
For further information concer	ning this matter, pleas	se call:	
BRENDA MAS		at (_407	301-2659
Name of Conta	ct Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	artment of State:
	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

35 00	erpise	C FI	TLOC			
(Name of Corporation		,	lorida Dept. of	State)	_	
	01800	21111				
(Docum	nent Number of (nown)			
Pursuant to the provisions of section 607.1006. Floridatis Articles of Incorporation:	a Statutes, this F_{ℓ}	lorida Profit Coi	<i>rporation</i> adopts	s the follow	ing amer	idmeni
A. If amending name, enter the new name of the co	orporation:					
					The	new
name must be distinguishable and contain the wor. "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	," "Inc," or "C	o". A professio				
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD)					u.	
				<u></u> 4⊡	201	
				— V .:	9 AU	
C. Enter new mailing address, if applicable:	184			<u> </u>	JG -	****
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>(A</u>)			<u> </u>		1) (); (); (); ()
				Sc.	_ }	
				<u>mile</u>	<u>ස</u> .ප	ائىيىت <u></u>
D. If amending the registered agent and/or register	red office addre	ss in Florida, en	ter the name of	f the	88	
new registered agent and/or the new registered		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ter the mine of	<u></u>		
Name of New Registered Agent						
	(Florida stree	t address)	• •			
New Registered Office Address:			Flo	orida		
New Negisierea Office Hauress.	((Eity)	, , , , ,		n Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		th and accept the	e obligations of	the position		
Sign	ature of New Reg	gistered Agent, if	Changing		_	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Cl. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Si</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	MGR	EDGARDO J SANCHEZ	2493 ADDISON CREEK DR
Add X Remove			KISSIMMEE FL 34758
2) Change	AST. M.	SYNTHIA IVETTE SANCHEZ	2493 ADDISON CREEK DR
Add			KISSIMMEE FL 34758
Remove 3) Change	AST. M	WILLARD C RAMOS	2493 ADDISON CREEK DR
Add			KISSIMMEE FL 34758
X Remove			
4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)
	<u></u>
···	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
if any applicable indicate M/O	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(y noi appacable, maicule 147A)	
	···

•	08/01/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than
	3/01/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	ıt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/01/20	019	
Dated		
	(Duna)	
Signature	a director, president or other officer – if directors or officers have not bee	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other educations of the structure of t	
	ointed fiduciary by that fiduciary)	
	ILIA RIVAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	