P18000095527

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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COVER LETTER

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: 531	Enterprises, CORP.
DOCUMENT NUMBER:	000095527
The enclosed Articles of Amendment and fee are su	
Please return all correspondence concerning this ma	tter to the following:
	ENNIFER AUVERT
	Name of Contact Person
	Name of Contact Person 3. L. Enterprises, Corp Firm/ Company
10111	Firm/ Company NW 32nd Terrace Address ORAL, FL 33/72 City/ State and Zip Code
	Address
	ORAL, FL 33/72
	City/ State and Zip Code
SKIPTON.	STEPHAN @ GMAIL. COM sed for future annual report notification)
n-man audress. (to be us	sed to future amual report normations
For further information concerning this matter, please	se call:
JENNIFER AUVER	t at (786) 498. 3628 Area Code & Daytime Telephone Number
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:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

of	FILED
んしんじ リンベット ししょり	De 2020 4110 01 411 5 50
on as currently filed with the Florid	da Dept. of State
295527	SECRETARY OF STATE TALLAHASSEE, FL
ent Number of Corporation (if know	m) MLCAHASSEE. FL
Statutes, this Florida Profit Corpor	ation adopts the following amendment(s
rporation:	
	The new
or "Co". A professional corpor	orated" or the abbreviation "Corp.," ation name must contain the word
	N/A
ed office address in Florida, enter	the name of the
N/A	
_	
(Florida street address)	
N/A	, Florida, <i>(Lip Code)</i>
(City)	(Zip Code)
istered Agent:	
am jummar with that accept the ob-	ngunota of the position.
N/A	
ture of New Registered Agent, if cha	unging
	ent Number of Corporation (if know Statutes, this Florida Profit Corpor reporation: reporation: reporation," "company," or "incorpor or "Co". A professional corpor viation "P.A." RESS) ed office address in Florida, enter office address: //A (Florida street address) //A (Florida street address) //A (City)

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> Sal	ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	\sqrt{p}	STEPHAN SKIPTON	1011/ NW 32nd Terr Doral, FL 33172
Add			Doral, FL 33172
Remove		/ /.	
2) Change	<u></u>	<u> </u>	
Add			
Remove Change		N/A	
Add			
Remove		1.7	
4) Change		N/A	
Add			
Remove		. /	
5) Change		N/A	
Add			
Remove		at / a	
6) Change		N/A	
Add			
Remove			

	N/A				
	•				
1.1					
				·	<u> </u>
					
				<u></u>	
					
f an amendment provi	des for an exchang	e, reclassification	or cancellation o	f issued shares,	
provisions for implem	enting the amendm	ient if not contain	ed in the amendm	ent itself:	
(if not applicable, i	naicaie N/A)				
	NA				

The date of each amendment(s) add	ention: August 25th, 2020, if other than the
late this document was signed.	August 25th, 2020. if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ador action was not required.	nted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	\mathcal{N}/A
· · · · · · · · · · · · · · · · · · ·	(voting group)
Dated	gust 26th 2020
Signature	<i>7//(UOY/</i>
	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary)
циропп	
_	(ENNIFOR ALVERT
	(Typed of printed name of person signing)
	PRESIDENT
-	(Title of person signing)