Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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F	Fax Number :  Account Name ; Account Number : Phone : Fax Number :  e email address f ol report mailing:  Address:  Certificate of St  Certified Copy	Account Name : ARES & COMPANY, C.F Account Number : I20000000268 Phone : (305)229-8256 Fax Number : (305)229-8252  e email address for this business end report mailings. Enter only one end address:  OR AMND/RESTATE/CORRECT  LORENA ABA SUPPORT  Certificate of Status  Certified Copy	Account Name : ARES & COMPANY, C.P.A., P.A. Account Number : I20000000268 Phone : (305)229-8256 Fax Number : (305)229-8252  e email address for this business entity to be used for report mailings. Enter only one email address please  Address:  DR AMND/RESTATE/CORRECT OR O/D RESIDENT ABA SUPPORT, INC.  Certificate of Status  Certificate Copy  1

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6/3/2019 1:14 PM FROM: 305-229-8252 Area \_Company CPA, PA TO: 18505176380 PAGE: 001 OF 006

#### Ares & Company CPA, PA

### FOR YOUR INFORMATION

To:

<18506176380>

Fax number:

18506176380

From:

Ares & Company C.P.A, P.A.

Fax number:

305-229-8252

Home phone:

Business phone:

305-229-8256

Date & Time:

6/3/2019 1:14:43 PM

Pages sent:

6

Re:

LORENA ABA SUPPORT, INC

PRESIDENT AND REGISTERED AGENT CORRECT SPELLING

H190001755623

#### Articles of Amendment to Articles of Incorporation of

LORENA ABA SUPPORT, INC		
(Name o	Corporation as currently filed wit	th the Florida Dept. of State)
P19000038218		•
	(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	006, Florida Statutes, this Florida Pi	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa.  B. Enter new principal office address. (Principal office address MUST BE A S"  C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	ition "Corp." "Inc." or "Co". A pion," or the abbreviation "P.A."  f applicable: FREET ADDRESS )	ppany," or "incorporated" or the ubbreviation professional corporation name must contain the
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Flov v registered office address:	wards, enter the name of the Aspelling
Name of New Registered Agent	LORENA DE ARMAS SUAREZ	- Charae
	14775 SW 80 STREET	90
	(Florida street addres:	(8)
New Registered Office Address:	MIAMI	Florida 33193 (Zip Code)
THEW RECEIVED OFFICE AUDIESS.	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment ar regist	hanging Registered Agent: ered agent. I film familiar with and a	except the obligations of the position.

## H190001755623

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 = Chairmon or Clerk; CEO = ChiefExecutive 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	PT	<u>John D</u>	<u> </u>			
X Remove	Y	Mike J	lones		•	
X Add	<u>sv</u>	Sally S	Smith			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) X Change	Р		LORENA DE ARM	IAS SUAREZ	14775 SW 80 STREET	•
Add					MIAMI, FL 33193	
Remove						
2) Change						
Add						
Remove						•
3) Change				<del></del>		
Remove						
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Add			•			
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rovisions	ment provides for implementi applicable, indic	<u>alz-the amendme</u>	reclassification, ent if not containe	or cancellation d in the amend	of issued shares, ment itself:	
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# #190001755623

The date of each amendment(s	s) adoption:	if other than the
date this document was signed.	4/23/2019	,
Effective date if applicable:	#23/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	ais block does not meet the applicable statutory filing requirements, this date will a Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote suparately on the amendment(s):	
. "The number of votes of	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 6	3/3019 D	
Signature	y a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator – If in the hands of a receiver, trustees or other court	
	pointed fiduciary by that fiduciary)	
	Lorena de Arms Suaru	,
,	(Typed or printed name of person signing)	
	Lesident	/
	(Title of person signing)	