P19 0000 55025

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(-1)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Ellity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

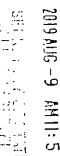
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COVER LETTER

10: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:ASAN	ENTERPRISES CORPOR	RATION			
DOCUMENT NUMBER: _	CUMENT NUMBER: P19000055025					
The enclosed Articles of Ame	endment and fee are si	abmitted for filing.				
Please return all corresponder	nce concerning this ma	itter to the following:				
		AMARILLYS SANTALI	LANA			
		Name of Contact Perso	n			
	AS	AN ENTERPRISES CORF	PORATION			
-		Firm/ Company				
3314 W CHESTNUT ST						
-	Address					
	TAMPA. FL 33607					
		City/ State and Zip Cod	e			
For further information conce		se call:at (813	451-0040			
Name of Conta	act Person	at (Area Co) de & Daytime Telephone Number			
Enclosed is a check for the fol	lowing amount made		, ,			
	\$43.75 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	Amend Divisio Clifton 266 E	Address Iment Section on of Corporations Building xecutive Center Circle assec, FL 32301			

Articles of Amendment

Articles of Incorporation

of

ASAN ENTERPRISES CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000055025

(Document Number of Corporation (if known)

				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp," "Inc," o	r "Co". A professional corpor		bbreviation
B. Enter new principal office address,	3314 W CHESTNUT ST			
(Principal office address MUST BE A STREET ADDRESS)		TAMPA, FL 33607		
			 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3314 W CHESTNUT ST	0 71.7	2019 AUG
		TAMPA, FL 33607	7	AUG
		· · · · · · · · · · · · · · · · · · ·	ر	
D. If amending the registered agent an new registered agent and/or the new			ne of the	AM II: 5
Name of New Registered Agent	AMARILLYS SANTALLANA		r-::	5
	3314 W CHESTNUT ST			
	· (Florida	street address)		

New Registered Agent's Signature, if changing Registered Agen	I 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)

Remove

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>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
i) Change	Р		AMARILYS SANTALLANA	3314 W CHESNUT ST
Add X Remove		_		TAMPA, FL 33607
2) Change	Р		AMARILLYS SANTALLANA	3314 W CHESTNUT ST
X Add		_		TAMPA, FL 33607
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		-
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				

Attach additional sheets, if necessary).	(Be specific)	

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an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
<u>rovisions for implementing the amen</u>	ange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:	
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	nent(s) adoption:	8-6-19	, if other than th
date this document was sig	ned.	8-6-19	
Effective date if applicab	le:	8-6-19	
	(no moi	re than 90 days after amendment file date	*)
Note: If the date inserted document's effective date of	in this block does not meet the on the Department of State's re	he applicable statutory filing requiremen cords.	its, this date will not be listed as th
Adoption of Amendment((s) (<u>CHECK ON</u>	<u>(E)</u>	
	were adopted by the sharehold s/were sufficient for approval.	ers. The number of votes cast for the am	endment(s)
The amendment(s) was/ must be separately pro-	were approved by the sharehol wided for each voting group en	ders through voting groups. The followin titled to vote separately on the amendmen	ng statement nt(s);
	·	was/were sufficient for approval	
by	(voting group)		
	(voting group)	
☐ The amendment(s) was/action was not required.	were adopted by the board of d	firectors without shareholder action and s	harcholder
The amendment(s) was/action was not required.	were adopted by the incorporat	ors without shareholder action and sharel	holder
Dated	2-6	-15	
Signature	•		
	(By a director, president or oth selected, by an incorporator – appointed fiduciary by that fic	her officer—if directors or officers have a if in the hands of a receiver, trustee, or o duciary)	not been other court
		AMARILLYS SANTALLANA	
	(Typed or p	printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	•