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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _ A3 Enterprises. Inc
DOCUMENT NUMBER: P/9000/7265/
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Party Company  Hogg N. Focker Hwy Ste 1016  Address  Pampano Beach IL 33064  City/ State and Zip Code  Ochacles Q a3 realty. 10
E-mail address (to be used for future annual report notification)  For further information concerning this matter, please call:
Joseph G. Ogras at (34) 25/-8226 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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of d	
A3 totación	Wises. Inc
(Name of Corporation as currently f	filed with the Florida Dept. of State)
D190000720	0651
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Cb". A p "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4699 X. Federal thuy Ste 10 Pempano Beach, FL 33064
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	
(Florida street	et address)
New Registered Office Address:	, Florida
(C	City) (Zip Code) ;
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable	

☐ 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.

Example:

X Change	<u>P1</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
!) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		<u></u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
,	
	,
	· · · · · · · · · · · · · · · · · · ·
·	
	<del></del>
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate $N/A$ )	endment if not contained in the amendment itself:
(ij noi applicable, intiicate N/A)	
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

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The date of each amendment(s) adoption:, if other than date this document was signed.	the
Effective date if applicable:  (no 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 will not be listed as document's effective date on the Department of State's records.	the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
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)  (Typed or printed name of person signing)	