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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: PIPO GROUP CO	RF		
	HBER: P20000012325			
	es of Amendment and fee are st	ibmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following		
	JOSE HERNANDEZ			
		Name of Contact Person	n	
	SOPHOS CONSULTING G	ROUP CORP		
		Firm/ Company		
	8333 NW 53RD ST, STE 45	0		
		Address	**	
	DORAL, FL 33166			
		City/ State and Zip Cod	e	
	SOPHOS.CG@GMAIL.CO	М		
	-	sed for future annual report	notification)	
for further informatic	ion concerning this matter, plea	se call: at (at (770-2525	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$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)	
	ailing Address	Street	Address	
	nendment Section	Amendment Section		
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee		
	llahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation of	s currently filed with the	Elouida Dana as Sana	
P20000012325	s currency med with the	riorida Dept. or State)	
(Document :	Number of Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Florida Statts Articles of Incorporation:	tutes, this <i>Florida Profit Ce</i>	orporation adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the corpor	ration:		
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviatio	"Co". A professional co	corporated" or the abbre proporation name must c	The new wiation "Corp.," ontain the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>		
			-20
			20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	 		
			<u>ن</u>
If amending the registered agent and/or registered of new registered agent and/or the new registered office.	ffice address in Florida, e e address:	nter the name of the	, o
Name of New Registered Agent			
	Florida street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(C)	, Florida	- Co CO L
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am,	ed Agent:	e obligations of the posit	• /
Cianatura	of New Registered Agent, i	Celamaina	
Signature (ој тен кеданетса идет, ц	caunging	

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	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ARTURO V ESPINDOLA	6445 NW 104TH PATH
X Add			MEDLEY, FL 33178
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			and the state of t
Remove			
6) Change			
Add			
Remove			

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rovisions for impl	lementing the ame	nange, reclass	ification, or cal	ne amendment	itself:	

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	06/19/2020	
The date of each amendment(s) date this document was signed.	adoption:	it other than the
00 Effective date if applicable:	/19/2020	
Enective date <u>if applicable</u> .	(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable sta Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number sufficient for approval.	r of votes cast for the amendment(s)
	pproved by the shareholders through vot or each voting group entitled to vote sept	
"The number of votes ca	st for the amendment(s) was/were suffice	ient for approval
by ROGER CANISTRA	1	
	(voting group)	
selec	director president or other officer – if direct, by an incorporator – if in the hands onted fiduciary by that fiduciary)	irectors or officers have not been of a receiver, trustee, or other court
	ROGER CANISTRA	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	