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	Ving Mula poraden as currently (	Sewices Inc Hed with the Florida Dept. of State)	P	
P 210	0000 92034			
	Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, its Anicles of Incorporation:	Florida Statutes, this Flo	orida Frofit Corporation adopts the follow	ing amendi	ment(
A. If amending name, enter the new name o	f the corporation:			
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp." "chartered," "professional association." or the	ord "corporation," "cor "Inc," or "Co". A p	npany." or "incorporated" or the otherwice or of the otherwise or of the otherwise or of the other or of the o	The mation "Corp. tain the wo	)
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	licable:	Leonardo Cadalzo S	ario	-
C. Enter new mailing address, if applicable (Mailing address MAY BEA POST OFF)		Opaloika Fl. 3305 670 Douglas Pd. Opaloika Fl 3305		- - 
D. If amending the registered ugent and/or	registered office address	is in Florida, enter the name of the		
new registered agent and/or the new reg	Leonado Cad	alzo Sarial		
	670 Dougl	65 Pd.		
New Registered Office Address:	Opa locka	Florida 3	3054. Tp Code)	_
New Registered Agent's Signature, if change I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar wii	in and accept the obligations of the positio	n.	

Signature of New Registered Agent, if changing

10

Nov

\*Check if applicable

• The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer of (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = President, Treasurer, Dirt Changes should be noted a change. Mike Jones lear Mike Jones, V as Remove, Example:	and/or Di if necessor ector title President; Chief Fit ector wou in the fol- ves the co	irector beingry)  the the first  T= Treasu  mancial Official be PTD.  lowing man.	g added:  Vetter of the office title:  Vetter of the office title:  Vetter, S = Secretary; D = Director; TR = Tracer. If un officer/director holds more than  Vetter Currently John Doe is listed as the F  Sully Smith is named the V and S. These si	lirector being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held.  ST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
X Change	PT	John Doc		
X Remove	V	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
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provisions for impler	nenting the amend	nent if not contained in	ancellation of issued shares, the amendment itself:	
(if not applicable,	indicate N/A)			

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The date of each amendment(s) adoption:date this document was signed.		if other than
Effective date if applicable:		
	(no more than 90 days after umendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will no State's records.	ot be listed as
Adoption of Amendment(s)	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and sh	archolder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.	
	c shareholders through voting groups: The following statement group entitled to vote separately on the amendment(s):	SCUA
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Dated 10127/2	<b>,</b>	STATE FLORID
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selected, by an inc	orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)	1
	Leunado. Cadalzo.	
	(Typed or printed name of person signing)	
	Pies.	
	(Title of person signing)	