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(((H23000166017 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SUSANA BIJANI Account Number : 120180000088 : (305)632-0520 Phone

Fax Number

: (305)632-0520

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SS GROUP 2022 CORP

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## **COVER LETTER**

TO: Amendment Sec Division of Cor					
NAMÉ OF CORPO	PRATION: SS GROUP 2022 (	CORP			
DOCUMENT NUM	IBER: P22000060191				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	MIGUEL SOCORRO				
		Name of Contact Person	1		
		Firm/ Company		<b>707</b>	
	11278 NW 88TH TERRACE			2023 MAY	· mines
	1	Address		7	-
	MIAMI, FL 33178			电影 🐱	-
		City/ State and Zip Cod	•	SS. SS.	i i
	: miguel.socorro@icloud.com			170 <b>9</b>	O
	E-mail address: (to be us	ed for future annual report	notification)	Y-3 M 9: 17 AHASSEE. FL	
For further informati	on concerning this matter, plea	se call:		,	
SUSANA BIJANI		at (	632-0520		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check (	or 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)		
An Div	niling Address nendment Section vision of Corporations	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

Tallahassee, FL 32314

(H230001660173)

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

P22000060191	as currently filed with the	Florida Dept. of State)	
(Document	Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida States of Incorporation:	atutes, this <i>Florida Profit C</i> o	orporation adopts the fo	llowing amendment(s) to
. If amending name, enter the new name of the corpo	oration:		
ame must be distinguishable			The new
ame must be distinguishable and contain the word "corpo Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbrevial	- 11 M - 11 M - 1 M - 1	corporated" or the abbr prporation name must (	eviation Corp contain the word
Enter new principal office address, if applicable:			13
rincipal office address MUST BE A STREET ADDRE	<u></u> )		- E
•			<del> </del>
			75
Enter new mailing address, if applicable:	<del></del>		E O
(Mailing address MAY BE A POST OFFICE BOX)			SS Z
			70 <b>9</b>
	<del></del>		-n
	<u></u>		<u> </u>
	•	inter the name of the	
If amending the registered agent and/or registered	office address in Florida, e		
If amending the registered agent and/or registered new registered agent and/or the new registered office			
new registered agent and/or the new registered office	ce address:		
new registered agent and/or the new registered office			<del></del>
new registered agent and/or the new registered office  Name of New Registered Agent	ce address:		
new registered agent and/or the new registered office  Name of New Registered Agent	ce address:		<del></del>
new registered agent and/or the new registered office  Name of New Registered Agent	ce address:		(Zip Code)
new registered agent and/or the new registered office  Name of New Registered Agent	ce address: (Florida street address)		(Zip Code)
Name of New Registered Agent  New Registered Office Address:	ce address: (Florida street address) (City)		(Zip Code)
new registered agent and/or the new registered office  Name of New Registered Agent  New Registered Office Address:  w Registered Agent's Signature, if changing Registered	(Florida street address)  (City)	, Florida	,
Name of New Registered Agent  New Registered Office Address:	(Florida street address)  (City)	, Florida	,
new registered agent and/or the new registered office  Name of New Registered Agent  New Registered Office Address:  w Registered Agent's Signature, if changing Registered	(Florida street address)  (City)	, Florida	,
new registered agent and/or the new registered office  Name of New Registered Agent  New Registered Office Address:  w Registered Agent's Signature, if changing Registered	(Florida street address)  (City)	, Florida	,
Name of New Registered Agent  New Registered Office Address:  Wew Registered Office Address:  We Registered Agent's Signature, if changing Registered agent, I americal agent. I americal agent. I americal agent.	(Florida street address)  (City)	Florida he obligations of the pos	,
Name of New Registered Agent  New Registered Office Address:  Wew Registered Office Address:  We Registered Agent's Signature, if changing Registered agent, I americal agent. I americal agent. I americal agent.	ce address: (Florida street address) (City) red Agent: I familiar with and accept to	Florida he obligations of the pos	,

(H23000166017 3)

Example:

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

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	MIGUEL GUSTAVO SOCORRO	11278 NW 88TH TERRACE
X Add			MIAMI, FL 33178
Remove		•	2023 MAY
2)Change	<del></del> ,	·	
Add			
Remove 3)Change		<del></del>	- SSO # C
Add			FAIR T
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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. If smending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
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. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)			
•	· · · · · · · · · · · · · · · · · · ·		
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The date of each amendment(s) date this document was signed.	05/03/2023 adoption:		if other than the
Effective date if applicable:	/03/2023		
	(no more than 9	0 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applic Department of State's records.	cable statutory filing requirements, this date wi	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were as action was not required.	dopted by the incorporators, or i	poard of directors without shareholder action and	d sharehoider
☐ The amendment(s) was/were ac by the shareholders was/were	<ul> <li>dopted by the shareholders. The sufficient for approval.</li> </ul>	number of votes cast for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for	pproved by the shareholders thro or each voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/wer	re sufficient for approval	<b>307</b>
by		,"	
	(voting group)		
			器 3 厂
05/03/202 Dated			
Signature	Maren Cocon	<u> </u>	OF STA
select		er — if directors or officers have not been thands of a receiver, trustee, or other court	
	MIGUEL SOCORRO		
	(Typed or printed n	name of person signing)	<del></del>
	PRESIDENT		
	(Title of person sig-	ning)	