| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600318700116

09/28/18--01907--001 **35.00

S TAILFN -OCT 0 4 2018 18 SEP 28 PM 4: *18

And Me

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: Rocket Trailers C | orp. | | | |
|---|---|--|--|--|--|
| DOCUMENT NUMBE | R: P94000075266 | | <u> </u> | | |
| | Amendment and fee are su | bmitted for filing. | | | |
| Please return all correspo | indence concerning this ma | tter to the following: | | | |
| Jo | seph A. Carballo, Esq. | | | | |
| | | Name of Contact Person | 1 | | |
| C | Carballo Law, PA | | | | |
| | | Firm/ Company | | | |
| 20 | 2355 Salzedo Street, Suite 300 | | | | |
| _ | Address | | | | |
| C | oral Gables, Florida 3310 | 34 | | | |
| | 15. · | City/ State and Zip Cod | ċ | | |
| ine@cs | irballolaw.com | | , | | |
| Joe@Ca | | sed for future annual report | notification) | | |
| | 1mail address. (to be d. | sed for those aimaar report | | | |
| For further information of | oncerning this matter, plea- | se call: | | | |
| Joseph Carballo | | at (305 | | | |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for t | he 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) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amene Divisio Cliftor | Address Imment Section on of Corporations 1 Building Executive Center Circle | | |

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

| Rocket Trailers Corp. | | | | |
|---|--------------------------------|-------------------------------|----------------------------|----------------------|
| (Name o | of Corporation as currently | filed with the Florida Dep | ot, of State) | |
| P94000075266 | | | | |
| | (Document Number of | Corporation (if known) | | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this F | Torida Profit Corporation 3 | idopts the following amend | ment(s) to |
| A. If amending name, enter the new na | ime of the corporation: | | | |
| Final Solution Corp. | | | ∠ The _n | tean. |
| name must be distinguishable and com "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or "C | lo". A professional corpor | orated" or the abbreviati | ion |
| B. Enter new principal office address, | if applicable: | 14181 SW 24 Street | | |
| (Principal office address MUST BE A S | | Miami, FL 33175 | Egg G | _ D |
| | | | | 70 70 70 70 |
| | | 1117 | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 14181 SW 24 Street | | |
| | | Miami, FL 33175 | | ! : |
| | | | | - 3 30 |
| 10. 46 11. 12. 14. 14. 1 | ar em a.a | | | _ |
| D. If amending the registered agent ar new registered agent and/or the new | w registered office address: | ess in Fiorida, enter the na | me of the | |
| Name of New Registered Agent | | | ✓ | |
| Punc 17. 14. IN SURVEY TEE | 2355 Salzedo Street, Su | ite 300 | | |
| | (Florida stre | vet address) | <u></u> | |
| Van Brainna I Office A Harmer | Coral Gables | | Whosida 33134 | |
| Sew Registerea Office Address. | | Cin) | (Zip Code) | - . |
| New Registered Office Address: Coral Gables | | Cin) | , Florida | - . |
| | | | | |
| New Registered Agent's Signature, if c | | | | |
| Thereby accept the appointment as regis | tered agent. I am familiar w | ath and accept the obligation | ms of the position. | |
| | , | _ | | |
| | . / | | | |
| | Signature of New R | egistered 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)

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 D | <u>ooc</u> | |
|-------------------------------|--------------|----------|-----------------------|--------------------|
| X Remove | <u>v</u> | Mike J | <u>ones</u> | |
| <u>X</u> Add | <u>sv</u> | Sally S | <u>anith</u> | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| 1) Change | PSTD | <u> </u> | Maria G. Carballo | 2890 NW 35 Street |
| Add | | | | Miami, FL 33142 |
| X Remove | | | | |
| 2) X Change | VP | _ | Armando Almirall, Sr. | 14181 SW 24 Street |
| Add | | | | Miami, FL 33175 |
| Remove | | | | |
| 3) Change | PD —— | _ | Armando Almirall, Sr. | 14181 SW 24 Street |
| X Add | | | | Miami, FL 33175 |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| | |
| | |
| | |
| | |
| | |
| | |

| | August 08, 2018 | |
|---|--|------------------------------|
| The date of each amendment(s) | adoption: | , if other than the |
| late this document was signed. | | |
| | igust 08, 2018 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this da Department of State's records. | te will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(safficient for approval. | \$1 |
| ☐ The amendment(s) was/were a must be separately provided f | pproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s): | ent |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| action was not required. | dopted by the board of directors without shareholder action and shareholded dopted by the incorporators without shareholder action and shareholder | er |
| action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| 08/17/18 Dated | | 0 |
| selec | a director, president or other officer - if directors or officers have not been eted, by an incorporator - if in the hands of a receiver, trustee, or other couninted fiduciary by that fiduciary) | |
| | Armando Almirall, Sr. | |
| | (Typed or printed name of person signing) | |
| | Vice President | |
| | (Title of person signing) | |