P96000062180

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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION:	Theods Internation Inc P96000062180				
DOCUMENT NUMBER: P9600062180					
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				
C	Name of Contact Person				
<u>Sisson Enterprises</u>					
Name of Contact Person Sisson Enterprises Firm/Company 1450 Shevidan St E-21					
Mulcos					
<u>+te</u>	Olywood, FL 33020 City/ State and Zip Code				
	City/ State and Zip Code				
	som 57egmail.com				
E-mail address: (to be u	ised for future annual report notification)				
For further information concerning this matter, plea	ase call:				
David Sisson	a1 (305, 610-6622				
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:					
S35 Filing Fee Service Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment

Articles of Incorporation

of

Air Transfer To Legenstranal The

Hir Irends Linternat	
(Name of Corporation as currently	filed with the Florida Dept. of State)
7960000	62180
(Document Number of C	<u> </u>
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Sisson Enterprises,	Inc. The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particle of the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1450 Shevidan St E-21 Hollywood, FL 33020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above:
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	s in Florida, enter the name of the
(Florida street	address)
New Registered Office Address:	Florida
u,	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered 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)

Example:

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.

\underline{X} Change	15.1.	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	 -		
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: 3/29/21	
tno more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of volby the shareholders was/were sufficient for approval.	tes east for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting grounts the separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	
(voting group)	
Dated 3/29/21	
Signature	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
David Sisso	
(Typed or printed name of person	signing)
tres.	
(Title of person signing)	