200001/0004 Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000185915 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FILINGS, INC.

Account Number : 072720000101 : (850)385-6735 Phone

Fax Number : (954)641-4192

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN FILINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

1/2015 1:18PH FAX 9546414192 115000185915		8-1-15	·
;	Articles of Amendment to	FIL	EU
	Articles of Incorporation	Mis JUL 3	M11:0
	of	類於 JOF 2	
	FILINGS, INC	n Santa (A)	ny of Stat See. Flor
(Name of Corporation as c	urrently filed with the Florida Dep	ot. of State	SEL.
	G18178	24	**
(Document)	Number of Corporation (if known)		
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		Profit Corporation add	opts the follo
A. If amending name, enter the new name	ne of the corporation:		
name must be distinguishable and conta	7.0		The new
abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	r the designation "Corp," "Inc," or	"Co". A professional observiation "P.A."	corporation
abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," 'B. Enter new principal office address, If (Principal office address MUST BE A STI	r the designation "Corp," "Inc," or from the air applicable:	"Co". A professional obreviation "P.A."	corporation
name must contain the word "chartered," ' B. Enter new principal office address, if	r the designation "Corp," "Inc," or from the air applicable:	"Co". A professional observation "P.A."	corporation
name must contain the word "chartered," ' B. Enter new principal office address, if (Principal office address MUST BE A STI C. Enter new mailing address, if applica	r the designation "Corp," "Inc," or "professional association," or the alapplicable: REET ADDRESS)	"Co". A professional obreviation "P.A."	corporation
name must contain the word "chartered," 'B. Enter new principal office address, If (Principal office address MUST BE A STI	r the designation "Corp," "Inc," or "professional association," or the alapplicable: REET ADDRESS)	"Co". A professional observation "P.A."	corporation
name must contain the word "chartered," ' B. Enter new principal office address, if (Principal office address MUST BE A STI C. Enter new mailing address, if applica	r the designation "Corp," "Inc," or "professional association," or the alapplicable: REET ADDRESS)	"Co". A professional obreviation "P.A."	corporation
name must contain the word "chartered," ' B. Enter new principal office address, if (Principal office address MUST BE A STI C. Enter new mailing address, if applica	r the designation "Corp," "Inc," or "professional association," or the alapplicable: REET ADDRESS)	"Co". A professional observation "P.A."	
name must contain the word "chartered," B. Enter new principal office address, If (Principal office address MUST BE A STI C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of	r the designation "Corp," "Inc," or "professional association," or the aimpoleable: REET ADDRESS) able: FFICE BOX)	bbreviation "P.A."	- - -
name must contain the word "chartered," ' B. Enter new principal office address, if (Principal office address MUST BE A STI C. Enter new mailing address, if applica	r the designation "Corp," "Inc," or "professional association," or the aimpoleable: REET ADDRESS) Able: FFICE BOX)	bbreviation "P.A."	- - -
name must contain the word "chartered," B. Enter new principal office address, if (Principal office address MUST BE A ST) C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of	r the designation "Corp," "Inc," or "professional association," or the aimpoleable: REET ADDRESS) Able: FFICE BOX)	bbreviation "P.A."	- - -
name must contain the word "chartered," B. Enter new principal office address, if (Principal office address MUST BE A ST) C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of D. If amending the registered agent and/ new registered agent and/or the new in	r the designation "Corp," "Inc," or "professional association," or the aimpoleable: REET ADDRESS) Able: FFICE BOX)	bbreviation "P.A."	- - -
name must contain the word "chartered," B. Enter new principal office address, if (Principal office address MUST BE A STI C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of D. If amending the registered agent and/ new registered agent and/or the new in	r the designation "Corp," "Inc," or "professional association," or the aimpoleable: REET ADDRESS) Able: FFICE BOX)	ida, enter the name of	- - -
name must contain the word "chartered," B. Enter new principal office address, If (Principal office address MUST BE A STI C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of D. If amending the registered agent and/ new registered agent and/or the new in the ne	r the designation "Corp," "Inc," or "professional association," or the aid applicable; REET ADDRESS) Able: FFICE BOX) For registered office address in Florregistered office address:	rida, enter the name of	- - -
name must contain the word "chartered," B. Enter new principal office address, If (Principal office address MUST BE A STI C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of D. If amending the registered agent and/ new registered agent and/or the new in the ne	r the designation "Corp," "Inc," or "professional association," or the aid applicable; REET ADDRESS) Able: FFICE BOX) For registered office address in Florregistered office address:	ida, enter the name of	- - -

Page 1 of 3

Signature of New Registered Agent, if changing

07/31/2015 1:18PM FAX 9548414192 HISDED 185 9/5

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)

Title VP_	Name TERESA SANCHEZ	Address 3732 NW 16 ST FORT LAUDER DALE	CA D amount
			Add Remove
			Add Remove
E. If amendi	ng or adding additional Articles, enter ditional sheets, if necessary). (Be specif	change(s) here:	
F. If an ame	endment provides for an exchange, recl as for implementing the amendment if a	assification, or cancellation of iss	ucd shares.
(if not	t applicable, indicate N/A)	or contained in the amendment i	rselt:

07/31/2015 1:19PH FAX 9546 H 15 4:05 7/5	4 14 192	BLACKSTON	E LEGAL SUPPLI	E	2 10004/0004
The date of each amendment		7.	/31/15		
Effective date if applicable:		(date of adoption	vis required)		
	(no more than 90	days after amend	ment file date)		
Adoption of Amendment(s)	(CHE	ECK ONE)			
The amendment(s) was/we by the shareholders was/we			number of votes ca	st for the amendment	(s)
The amendment(s) was/we: must be separately provide					eni
"The number of votes	cast for the amend	ment(s) was/were	sufficient for appro	val	
by	(voting group)	·	**		
	(voting group)				
The amendment(s) was/wer action was not required.	re adopted by the b	ooard of directors	without shareholder	action and sharehold	er
The amendment(s) was/wer action was not required.	re adopted by the i	ncorporators with	out shareholder acti	on and shareholder	
Dated	7/3	1/15		a	,
Signature			. //	TESTOENT /	DIRECTOR
(By sele	a director, preside etcd, by an incorpo ointed fiduciary by	orator – if in the ha	- if directors or off ands of a receiver, t	rustee, or other court	•
	LES	SLIE HE	MAN of person signing)		•
	(Тур	ed or printed name	of person signing)		
	Presid	ent / D	INECTOR.		
	(Title of	person signing)			

Page 3 of 3