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COVER LETTER

TO: Amendment Section Division of Corporations						
I'm Unconditional Inc NAME OF CORPORATION:						
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submi	tted for filing.					
Please return all correspondence concerning this matter	to the following:					
Liliana M az a						
G	Name of Contact Person)					
I'm Unconditional Inc						
<u> </u>	(Firm/ Company)					
590 SW 7TH STREET 10						
	(Address)					
Miami Florida 33130	* ··					
(City/ State and Zip Code)						
lmazaangulo@diotmail.com						
E-mail address: (to be used f	or future annual report notification)					
For further information concerning this matter, please ca	all:					
Liliana Maza	201 2016689089					
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amount made pays	able to the Florida Department of State:					
☐ \$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment Articles of Incorporation of

	Articles of Amendment	ida Dept. of State)
	to Articles of Incorporation	2/2 //
	of	
I'm Unconditional Inc		The state of the s
(Name of Corporation	as currently filed with the Flori	ida Dept. of State)
N17000000526		(C.
(Docur	nent Number of Corporation (if kr	nown)
2	da Comandia El da Varen	- Paris Community adapts the following
Pursuant to the provisions of section 617.1006, Flo imendment(s) to its Articles of Incorporation:	rida Statules, inis <i>Pioriua isoi Poi</i>	r Proju Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corporation" or "incorporated e	
	- S216 Harding Ave Su	uite 6 Miami Beach FL 33141
B. Enter new principal office address, if applicate Principal office address MUST BE A STREET A	ible:	
Trinique typic address <u>stoop lite it or tool 1.1.</u>	······································	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	8216 Harding Ave St	uite 6 Miami Beach FL 33141
(Maining duaress MAT BE A FOST OFFICE	<u>BOA</u>)	
 If amending the registered agent and/or registered agent and/or the new register 		enter the name of the
	LILIANA MAZA ANGULO	
<u>Name of New Registered Agent:</u>		
	8216 Harding Ave Suite 6	
New <u>Registered Office Address</u>	ed Office Address:	
	Miami Beach	33141
	(City)	, Florida (Zip Code)
	κιήν	(хір Сойс)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered age	at. I am familiar with and accept	the obligations of the position.
-		
	Signature of New Regist	tered 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 X Remove X Add	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Fabiam Maza Angulo	8216 Harding Ave Suite 6
X Add			Miami Beach FL 33141
Remove			
2) X Change	P	LILIANA MAZA ANGULO	8216 Harding Ave Suite 6
Add			Miami Beach FL 33141
Remove			
3) X Change	<u>V</u>	ISMAEL GOMES CASCERES.	8216 Harding Ave Suite 6
Add			Miami Beach FL 33141
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			4
Remove			

n/a	
	 -
	
	
	-

	date of each amendment(s) ad this document was signed.	December 1, 2017 pption:	, if other than the
	etive date if applicable:	•	
	tive date in appreciable.	(no more than 90 days after amendmen! file date)	
	if the date inserted in this bloment's effective date on the Dep	ek does not meet the applicable statutory filing requirements, this date will no sartment of State's records.	t be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)	
	There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
	Dated DECEMBE	R/01, 2017	
	Signature	y	
	have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	LILIAN.	A MAZA ANGULO	
		(Typed or printed name of person signing)	
	PRESID	ENT	
		(Title of person signing)	