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.

(((H15000222971 3)))



H150002229713ABC\$

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

SEP 17 2015

To:

Division of Corporations

Fax Number : (850)617-6380

From:

R. WHITE

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

VERKLIG INTERNATIONAL, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

15 SEP 16 AM 8: 54

Articles of Amendment to Articles of Incorporation of TALLAHASSEE, FLORIDA

	or
VERKLIG	INTERNATIONAL, INC
(Name of Corporati	on as currently filed with the Florida Dept. of State)
	P02000104506
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Ploridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation." "company," or "incorporated" or the abbreviation of "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>)	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ואר ניין
(Matting address MAY BE A POST OFFICE BO	<u> </u>
D. If amending the registered agent and/or registernew registered agent and/or the new registered.	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	· (Florida street address)
New Registered Office Address:	, Florida
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	vistared Agent.
	I am familiar with and accept the obligations of the position.
-	
Cian	nature of New Registered Agent, if changing
ນະເຂົາ	wine of the vermener usent a contistus

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 J	ohn Doc	
X Remove	<u>v</u> <u>b</u>	Mike Jones	
_X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	LUIZ FERNANDO TINOCO	150 SE 2ND AVE
x Add			3RD FLOOR
Remove			MIAMI, FL 33131
2) Change			
Add		·	
Remove			
3) Change			-
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add	•		
Remove			
6) Change			
Add			
Řетоуе			

	ding additional Art heets, if necessary).	(Be specific)			
					
					-
				· · · · · ·	
					
		., , ,			
·				V	
				<u>,</u>	
					~
				-	
v= .					
				<u> </u>	
					
	-				<u> </u>
	rovides for an exc	hange, reclassifica	ation, or cancellati	on of issued shares ndment itself:	i.
provisions for imp	plementing the am- ble, indicate N/A)	endrigent II not co			
provisions for imp	plementing the am	endment ii not coi			
provisions for imp	plementing the am	endibent II not coj			
provisions for imp	plementing the am	endment II not coj			
provisions for imp	plementing the am	endident II not coj			
provisions for imp	plementing the am	endment if not co			
provisions for imp	plementing the am	endident II not coj			
provisions for imp	plementing the am	endment if not co			

	if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file dats)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be document's effective date on the Department of State's records.	t be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JOSE RICARDO RAMOS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	