P0600041388

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SLONEJARY OF SIATE DIVISION OF CORPORATIONS

Clewis 14

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations					
NAME OF CORPORATION DOCUMENT NUMBER: P			.A		
The enclosed Articles of Amen					
The enclosed Articles of Ameri	ameni and lee are su	omitted for filing.			
Please return all correspondence	e concerning this ma	tter to the following:			
Ulys	ses Felder	•			
		Name of Contact Person	n		
Ulys	ses Felder	⁻ , P.A.			
-	-	Firm/ Company			
100	Bayview D	r Apt 525			
	Address				
Sun	ny Isles, Fl	L 33160			
		City/ State and Zip Cod	e		
ufoldori	ow. Ovobo				
uleiden	aw@yaho	O.COM			
E-11	naii address: (to be us	sed for future annual report	notification)		
For further information concern	ning this matter, pleas	se call:			
Ulysses Felder		at (305	864-0136		
Name of Contac	et Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:		
	43.75 Filing Fee & ertificate 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		Street	Address		
Amendment	Section	Amend	ment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
·		2001 L	ADDUCTO COMO CHUIC		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILLO SECRETARY OF STATE DIVISION OF CORPORATIONS

ULYSSES FELDER, P.A.

14 NOV 20 AM 8: 35

(Name of Corporation as	currently filed with the Flo	ride Bent of State	<u> </u>
P06000041388	currently med with the x to	rida Dept. of State)	
	nt Number of Corporation (if I	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation	d" or the abbreviation
B. Enter new principal office address, if applicable:		100 Bayview Dr	
(Principal office address MUST BE A S		Apt 525	
		Sunny Isles Beach , FL	33160
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		100 Bayview Dr	
(mailing dutress MAT BE A POST OFFICE BOX)		Apt 525	
		Sunny Isles Beach, FL 3	33160
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of	<u>the</u>
	N/A		
Name of New Registered Agent	19/74	.	
	(Florida stree	t address)	
N. B	100 Bayview Dr, Apt 525 Sur	ny leles Reach 3316	60
New Registered Office Address:	(City)	, Florida	Zip Code)
N. B. C. C. C.			
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		th and accept the obligations of t	he position.
Sig	gnature of New Registered Ag	ent, 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Ulysses Felder	100 Bayview Dr
Add			Apt 525
Remove			Sunny Isles, FL 33160
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
'A	(
^	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
4 *** . It T T . It . 374.15	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendmen	t(s) adoption: July 1, 2014	r ill Secretary Suiscande de	LÚ OF STATE IRPORATION§f other than
date this document was signed			 ,
Effective date if applicable:	October 1, 2014	14 NOV 20	AM 8: 35
	(no more than 90 days a	fter amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number ere sufficient for approval.	of votes cast for the amendme	nt(s)
	re approved by the shareholders through vot ed for each voting group entitled to vote sep		ement
"The number of votes	s cast for the amendment(s) was/were suffici	ent for approval	
by	(voting group)	, , , , , , , , , , , , , , , , , , , ,	
	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of directors without	shareholder action and shareho	older
The amendment(s) was/we action was not required.	re adopted by the incorporators without shar	eholder action and shareholder	
Dated\	1/13/14		
Signature _			
Se	By a director, president or other officer – if of elected, by an incorporator – if in the hands oppointed fiduciary by that fiduciary)		
	222 m/W	Clar	<u></u>
	(Typen or printed n	ame of person signing)	
	Resident		
	(Title of per	rson signing)	

the