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(Re	equestor's Name)	
(Ac	idress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PHXTREM	IE, CORP			
DOCUMENT NUM	BER: P0800002287	73			
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	atter to the following:			
	Daniel J. Serber				
		Name of Contact Person	1		
	Serber & Associa	ates, P.A.			
		Firm/ Company			
	2875 NE 191st Street Suite 801				
		Address			
	Aventura, Florida 33180				
		City/ State and Zip Cod	2		
info	o@serberlawfirm.d	com			
	•	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Yolanda L. Fornaris		at (305	, 932-6262		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
	· ·	, ,			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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		
	endment Section	Amend	Amendment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee. FL 32314			Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

FHLED

2014 JAN 1-0 PM 4: 00

PHXTREME, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000022873

SECRETARY OF STATE TALL AHASSEE. FLORIDA

nent(s) to

(Document Number	of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florid</i>	a Profit Corporation ado	pts the following amendmen
A. If amending name, enter the new name of the	corporation;		
	 .		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co".		
B. Enter new principal office address, if applicat	ble:		
(Principal office address MUST BE A STREET A			
		····	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
D. If anending the registered agent and/or regis		Florida, enter the name	of the
Name of New Registered Agent			
	(Florida street add	ress)	
New Registered Office Address:		, Florida_	·
	(Chy)		(Zip Code)
New Registered Agent's Signature, if changing R	Registered Avents		
I hereby accept the appointment as registered agen	t. I am familiar with an	nd accept the obligations	of the position.
 		· · · · · · · · · · · · · · · · · · ·	

Signature of New Registered 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.

X Change	<u>74</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	Р	SMITH, LUCIANO	2600 NW 87 AVE #14 & 21
Add			MIAMI, FL 33172
Remove			
2) Change	Р	HOLGADO, PABLO R	6701 BROOKLINE DRIVE
Add			MIAMI, FL 33172
Remove			
3) Change	VP	MARTIN PANSERI	2600 NW 87 AVE #14 & 21
Add			MIAMI, FL 33172
Remove			
4) Change			
Add			
Remove			
5) Change	7454		
Add			
Remove			
6) Change			
Add			
Remove			

suncuding or adding additional Arti- attach additional sheets, if necessary).	(Be specific)	
	The state of the s	
I an amendment provides for an exclusions for implementing the ame	ange, reclassification, or cancellated	ion of issued shares, endment itself:
(if not applicable, indicate N/A)		***************************************
	•	

The date of each amendment(s) ad	option:	ii omer man me
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament fite uate)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
The amendment(s) was/were app must he separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by <u></u>	<u></u> ,	
	(voting group)	
The amendment(s) was/were add setion was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Day 1/06/201	13	
Dated	hhh.	_
(By a d	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	SMITH, LUCIANO	
	(Typed or printed name of person signing)	
	President	
	(Title of norson signing)	··· ····