PBD00033160

| (Re | questor's Name) | |
|-------------------------|---------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | - #N |
| (Cit | y/State/Zip/Priorie | ± #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |



900237022609

anena

07/02/12--01016--025 **35.00

2012 AUG - 1 AM 8: 55
SECKE FARY OF STATE
AND ANASSEF FI ORIO

Office Use Only

400789, 0611, 00671

80R

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | · | | |
|-------------------------|---|--|--|
| DOCUMENT NUMI | BER: Carolina 3206 | , Inc. | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this mat | ter to the following: | |
| | Marcella Manca | | |
| | | Name of Contact Persor | 1 |
| | | Firm/ Company | |
| | 407 Lincoln Road | l, Suite 8L | |
| | | Address | |
| | Miami Beach, FL | 33139 | |
| | | City/ State and Zip Code | e |
| ma | rcellamancamiam | i@gmail.com | |
| | | ed for future annual report | notification) |
| | | | |
| For further informatio | n concerning this matter, pleas | e call: | |
| Marcella Mai | nca | at (305 | 673-9273 |
| Name | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made [| payable to the Florida Depa | urtment 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) |
| | iling Address | | Address |
| | endment Section | Amendment Section | |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



July 5, 2012

Marcella Manca 407 Lincoln Road Suite 8L Miami Beach, FL 33139

SUBJECT: CAROLINA 3206, INC. Ref. Number: P08000033160

We have received your document for CAROLINA 3206, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

new

The registered agent must sign accepting the designation.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 012A00018117

Articles of Amendment to Articles of Incorporation of



CAROLINA 3206, INC. 2012 AUG - 1 - AM- 8: 55 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 407 Lincoln Road B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 8L Miami Beach, FL 33139 C. Enter new mailing address, if applicable: 407 Lincoln Road (Mailing address MAY BE A POST OFFICE BOX) Suite 8L Miami Beach, FL 33139 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Marcella Manca Name of New Registered Agent 407 Lincoln Road, Suite 8L (Florida street address) Miami Beach New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I arh familiar with and 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.

| Example: X Change | <u>PT</u> | John Doe | | |
|-------------------------------|--------------------------|-------------|---------|--|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | Title | <u>Name</u> | Address | |
| 1) Change Add Remove | | | | |
| 2) Change Add Remove | | | | |
| 3) Change Add Remove | | | | |
| 4) Change Add Remove | | | | |
| 5) Change Add Remove | | | | |
| 6) Change Add Remove | | _ | | |

| f amending or adding additional Artication and Artication attach additional sheets, if necessary). | (Be specific) |
|---|---|
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · 100 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment(s) adoption: June 26, 2012 |
|--|
| Effective date if applicable: (no more than 90 days after amendment file date) |
| |
| 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) |
| (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 SUNE 26, 2012 |
| Signature |
| (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) |
| FRANCE SCOCANNAS (Typing seprinted name of person signing) |
| (Typed or printed name of person signing) (Fills of person-signing) |