P10000036377

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COVER LETTER

TO: Amendment Section
• Division of Corporations

NAME OF CORPO	ORATION:	EMH CAPITAL GROUP	, INC.
DOCUMENT NUM	MBER:	272452038	
The enclosed Article	es of Amendment and fee	are submitted for filing.	
Please return all cor	respondence concerning th	nis matter to the following:	
_	Je	ffrey M. Perlow, Esq.	
		Name of Contact Person	
_	Frombe	erg, Perlow & Kornik, P.A.	
		Firm/ Company	
	18901	N.E. 29th Ave., Suite 100	
_		Address	
_	Av	entura, Florida 33180	
_	(City/ State and Zip Code	
	Jperlo E-mail address: (to be us	ow@fpk-law.com ed for future annual report notification)	
For further informat	ion concerning this matter	, please call:	
Jeffre	y M. Perlow, Esq.		933-2000
Name o	f Contact Person	Area Code & Daytime T	elephone Number
Enclosed is a check	for the following amount	made payable to the Florida Depa	artment 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 Add Amendment Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	cle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2011

JEFFREY M. PERLOW 18901 N.E. 29TH AVE., STE 100 AVENTURA, FL 33180

SUBJECT: EMH CAPITAL GROUP, INC.

Ref. Number: P10000036377

We have received your document for EMH CAPITAL GROUP, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please list the complete address for each officer/director you have listed.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 811A00020407

Articles of Amendment to Articles of Incorporation of

EMH CAPI	TAL GROUP, INC.		
(Name of Corporation as curre	ently filed with the Florida Dept.	of State)	
27	2452038		
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Florida Pa	rofit Corporation	adopts the following
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain in abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc," or "C	lo". A profession	rated" or the al corporation
B. Enter new principal office address, if app	licable:		A Sign
Principal office address <u>MUST BE A STREE</u>			218
			To The Table of th
			85 7 F
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)	CE BOX)		FILED 1SEP 13 PHII: 56
		Ä	56 S
			
D. If amonding the registered egent and/on a	esistered office address in Florid	ontor the name	of the
 If amending the registered agent and/or r new registered agent and/or the new registered. 		a, enter the name	o <u>r the</u>
Name of New Registered Agent:			
	The state of the s		
New Registered Office Address:	(Florida street address)		1
		, Florida	
	(City)	(Zip Code)	
Now Dogistored Agent's Signature if shangir	a Dogistored Agents		
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a		ot the obligations of	f the position.
11			•
	ignature of New Registered Agent,	if changing	
S S	ignuture of their negistered Agent,	y ununging	

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: (Affach additional sheets, if necessary)

Title Name Type of Action Address S Nancy Weatherford 18901 NE 29th Avenue Suite 1€0 Add Erin Cohen S 18901 NE 29th Avenue, Suite 1 Aventura Florida 33180 Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: (date of adoption is required) Effective date if applicable: (no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statemen if or each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
l	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder	
Dated	Dest 5/11	
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	MICHAEL COHEN (Typed or printed name of person signing)	
	(Title of person signing)	