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2018 JUN 18 P 1: 43

JUN 1 9 2018 T. LEEMEUK A

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: SCHIFFER, INC		
DOCUMENT NUMB			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	ZACHARY SCHIFFMAN		
		Name of Contact Perso	n
		Firm/ Company	
_	2930 BISCAYNE BLVD		
	MIAMI, FL 33137	Address	_
•		City/ State and Zip Cod	e
ZACK	SCHIFFMAN@OUTLOOK	сом	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ZACHARY SCHIFFMAN		at (788-2056
Name o	f Contact Person	Area Co	de & Daytime Telephone 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

(I TAINE	of Corporation as current	tly filed with the Florida Berli, of State		
P10000072433		SECRETARY OF STATE		
·	(Document Number of	of Corporation (if known) ALLAHASSEE, FLORIDA		
ursuant to the provisions of section 607 section 607 Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendme		
. If amending name, enter the new n	ame of the corporation:			
		The new		
	nation "Corp," Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
. Enter new principal office address,	if applicable:	2930 BISCAYNE BLVD		
Principal office address <u>MUST BE A S</u>		MIAMI, FL 33137		
Linter new mailing address if anal	ion blas			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2930 BISCAYNE BLVD		
		MIAMI, FL 33137		
. If amending the registered agent an new registered agent and/or the ne				
new registered agent and/or the ne-		<u>s:</u>		
	w registered office addres	<u>s:</u> N		
	ZACHARY SCHIFFMAI 2930 BISCAYNE BLVD	<u>s:</u> N		
new registered agent and/or the ne-	ZACHARY SCHIFFMAI 2930 BISCAYNE BLVD	<u>s:</u> N		

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>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) X Change	P		ZACHARY SCHIFFMAN	2930 BISCAYNE BLVD
Add				MIAMI, FL 33137
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)	_			
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					_
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	<u> </u>				
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			<u>. </u>		
					
n amendment provides for an exch	nange, reclassifica	tion, or cancella	tion of issued sl	nares,	
ovisions for implementing the ame (if not applicable, indicate N/A)	noment it not cor	itained in the an	<u>ienament itseii:</u>		
(5)					
					_
					_
					
	 				

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
6/12/18 Dated		
Signature	7-6-	
(E)	affector, resident or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ZACHARY SCHIFFMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	