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## **COVER LETTER**

TO: Amendment Section Division of Corporations HA Flonda Best Lock Inc **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Flonda Best Firm/Company Mi amu F City/ State and Zip C PAFION da Best Qyahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

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

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

## Articles of Amendment to Articles of Incorporation

of	
AA Flonda Best (	ock Inc
(Name of Corporation as currently filed with the FI	orida Dept. of State)
P11000075848	3
(Document Number of Corporation (if	`known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	Theo new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	8888 SW 131 CH \$301 Miami FT 33186
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 940171 Miami FT 33294
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent  8885  (Florida stre	105ario 131 Ct #301
New Registered Office Address: Miami (City)	, Florida 33186 (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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	PT John	Doe			
X Remove	<u>V</u> <u>Mik</u>	e Jones			
X Add	SV Sally	<u> Smith</u>			
Type of Action (Check One)	<u>Title</u>	Name		Address	
1) Change Add Remove	PD	Michael	Rodrigue	2 133245W Miami Fi	1525+#330 33177
2) Change	VP	Nestor 1	Rodrigue	Z 8888 SW13	 31 Ct #30 5186
Remove 3) Change	PD	Lely Ro		8888 SW 1 Miani Fi 3	31 Ct #30
Remove  4) Change Add Remove			<u>.                                    </u>		
5) Change Add Remove		<del></del>			
6) Change Add Remove		<del></del>			<u> </u>

ttach a	ding or add additional sh	eets, if nece	ssary). (E	Be specific)		_			
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an an	nendment p	rovides for	an exchans	e, reclassi	fication, or	cancellation	n of issued	shares.	
<u>rovisi</u>	ons for imp not applicab	lementing t	he amendu	nent if not	contained	in the amer	<u>idment itse</u>	<u>lf:</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 by the shareholders was/were sufficient for approval.	e amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	hareholder
Dated 2 11 15	
Signature Lely Rosario	
(By a director, president or other officer - if directors or officers h	
selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	, or other court
appointed fiducially by that fiducially,	
<u>Lety Rosano</u>	
(Typed or printed name of person signing	19)
tresident	
(Title of person signing)	