P12-000077439

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SECRETARY OF STATE
TAIT AHASSEE, FLORIDA

MAR 1 7 2016 C. CARROTHERS

COVER LETTER

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person roperty Manasement SW 312 Street, Suite CUS Miami, FL 33136 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee \$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Office black, Cox		
(Name of Corporation	as currently filed with the Florida Dept. of State)	•
P12000017439	9	
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amo	endment(s) t
A. If amending name, enter the new name of the corp	poration:	
	The	new
	"corporation," "company," or "incorporated" or the abbrev "Inc," or "Co". A professional corporation name must conta bbreviation "P.A."	
D. Freton new principal office address if applicables	٠٠٠ ٢٠٠٠ ١ ٠٠	201
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	RESS)	2019 MAR 14 PH
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	O Property of the control of the con	= [
	<u></u>	[
C. Enter new mailing address, if applicable:	ب س	———— ; , oo
(Mailing address <u>MAY BE A POST OFFICE BOX</u>))	
	ग े	
•		
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the	
new registered agent and/or the new registered of		
Name of New Projectored Accret		
Name of New Registered Agent		
	and the second s	
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
	•	
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.	
Cionati	ture of New Registered Agent, if changing	
. Signati	ure of tren veknieren vkeur, it ennukurk	

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>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1)Change	D Andrealo, Martin	1000 Brickell Ave
Add X_ Remove		Shite 400 Miani, FL 33131
2) Change	D Rivero Sosa, Marcelo So	Montevideo, Urugna
Add Remove		- WILLIAM WAY
3) Change		
Remove		
4) Change		· · · · · · · · · · · · · · · · · · ·
Add Remove		
5) Change		
Add Remove		
6) Change		
Add		
Vamoua		

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
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,	
If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment riser.
	NIA

The date of each amendment(s) adoption date this document was signed.	n:	?c:/ 2;	3, go12	, if other than the
Effective date if applicable:				
<u> </u>	(no more the	an 90 days aft	er amendment file de	ate)
Note: If the date inserted in this block of document's effective date on the Department			itory filing requirem	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopted by the shareholders was/were sufficient		The number of	of votes cast for the a	amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each to				
"The number of votes cast for the	•		• •	
by			,"	
	(voting group)			
☐ The amendment(s) was/were adopted be action was not required.	by the board of direc	ctors without s	hareholder action an	d shareholder
☐ The amendment(s) was/were adopted be action was not required.	by the incorporators	without share	holder action and sha	areholder
Dated				
Signature	Just him			
			ectors or officers ha	
	in indorporator – if i uciary by that fiduci		a receiver, trustee,	or other court
appointed fid)	
	Mak	RCELO 1	TIVERO	
	(Typed or prin			
	(T	itle of person	signing)	- · · · · · · ·