P12000099727

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14 FEB 26 AH IO: 14 SECRETARY OF STATE TALLAMASSEE, FLORIDA

FEB 2 7 2014 C. CARROTHERS

COVER LETTER

T0: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA DISCOUNT, INC. DOCUMENT NUMBER: P120000 99727
DOCUMENT NUMBER: P120000 99727
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PABLO J. HERNANDER Name of Contact Person PLONIDA DISCOUNT Firm/ Company 14627 SW 56 ST. Address MIAMI, FL 33 175 City/ State and Zip Code
PABLO D FLOMIOA DISCOUNT. US E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: PABLO J. HERN AND E2 at (786), 261-5373 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (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

FLORIDA DISCOUNT, INC. 14 FFR 25 AND
(Name of Corporation as currently filed with the Florida Dept. of State)
P12000099727 SECRETARY OF STATE
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation:
The new 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."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 14627 SW 56 STREET MIAMI, FL 33175
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: Name of New Registered Agent
(Clavida atrast address)
(Florida street address)
New Registered Office Address: , Florida (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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		N K
Add				
Remove				
2) Change		_	-10000000000000000000000000000000000000	
Add				
Remove				And the Annual Control of the Annual Control
3) Change			**************************************	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_ -		
Add				
Remove				
6) Change				
Add		_		
Remove				

<u>lf amendin</u> (Attach <i>addi</i>	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)
N	A
	<u>N</u>
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lf an amen	dment provides for an exchange, reclassification, or cancellation of issued shares, so for implementing the amendment if not contained in the amendment itself:
provisions (if not	s for implementing the amendment if not contained in the amendment itself: 'applicable, indicate N/A)
·	NA
	the first transfer to the contract of the cont

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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)	
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 2/21/14	
Signature Hand	
(By a director, president of 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)	
PABLO T. HERNANDER (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

14 FEB 26 AH IO: IL
SECRETARY OF STATE
SECRETARY OF STATE
ORIDA