P17000001799

-		
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nar	ne)
`	•	,
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
:		
L		

Office Use Only



500307128275

01/02/18--01027--022 **35.00



JAN 04 2018 T. LEMIEUX



COVER LETTER

TO: Amendment Section

- Division of Corp	orations			
NAME OF CORPO	RATION: H75 NEW CAPIT	AL INC		
	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	BRIAN DEL FIERRO			
	Name of Contact Person BALWANT CHEEMA CPA			
		Firm/ Company	<u> </u>	
	8301 NW 197TH ST			
	Address			
	MIAMI, FL 33015	0. 10 15.0		
		City/ State and Zip Cod	e	
BRL	N@BALCPA.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
BRIAN DEL FIERRO		at (_305	764-1073	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐S43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

H75 NEW CAPITAL INC	2018 1441 0 0
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P17000001799	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statis Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>SS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
'	(Florida street address)
New Registered Office Address:	, Florida
	(C.ip) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	
Signature	e 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	ANTONIO MANNI	8301 NW 197TH ST
X Add			MIAMI, FL 33015
Remove			
2) Change		_	_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			_
Add			
Remove			

Attach <i>additi</i>	or adding additional Ar ional sheets, if necessary).	(Be specific)			
					
					
					-
					
		<u></u>			
			-		
					
				-	
		<u></u>			-
				· · · · · ·	
f an amend:	ment provides for an exc	hange, reclassifi	cation, or cancells	ition of issued sha	res.
provisions (or implementing the am	endment if not c	ontained in the an	nendment itself:	
(if not a	pplicable, indicate N/A)				
				 -	-
			·	-	
			. <u></u>		

. . . .

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this datartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(strictent for approval.	5)
	oved by the shareholders through voting groups. The following statemer ach voting group entitled to vote separately on the amendment(s):	nt
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholde	г
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
DECEMBE	R 26, 2017	
Dated	Donatha Rue (1)	
Signature(By a dii	ector, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other cour	t
appointe	d fiduciary by that fiduciary)	
!	DANIELE BIANCHINI	
-	(Typed or printed name of person signing)	-
1	PSTD	
-	(Title of person signing)	

. . . .