## P10000051449

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

. .

NAME OF CORPO	P10000	•			
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Adriana Harrison				
	Name of Contact Person				
	Assemble, Inc.				
		Firm/ Company	-		
	P.O. Box 5164				
		Address			
	Fort Lauderdale,	FL 33310-5164			
		City/ State and Zip Code	e		
inf	o.assemble@gma	il.com			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Adriana Harrison		at ( 954	, 865-1544		
Name	of Contact Person	Area Co	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	□\$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		
		Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



Assemble, Inc.				11.
(Name of Corporation as curren	tly filed with the Florid	la Dept. of State)		
P10000051669				
(Document Number	er of Corporation (if kno	own)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this <i>Flori</i>	ida Profit Corporation add	pts the following	amendment(s) to
A. If amending name, enter the new name of the	he corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co".	A professional corporat	ated" or the ab	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	= <u>BOX</u> )			
D. If amending the registered agent and/or reg new registered agent and/or the new register		n Florida, enter the name	e of the	
Name of New Registered Agent				
	(Florida street ac	ddress)		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(City)		(rip coue)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligations	of the position.	

Signature of New Registered Agent, if changing

## If amending the Officer's 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 Doe	
X Remove	<u>V</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	Gladys Harrison	4060 N.W. 101 Drive
✓ Add			Coral Springs, FL 33065
Remove			
2) Change			
Add		_	<del> </del>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the ame	
(if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)  a	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 7/28/14	
(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 by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Alian Jasseson	
(B) a director, president or other officer - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	urt
appointed inductary by that inductary)	
Adriana Harrison	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<u> </u>