P14000032413

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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Amend 11.10.14

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPOR	ATION: EXPO-	MIAMI INC.		
DOCUMENT NUMB	ER: _ P140000	32413		
The enclosed Articles of	f Amendment and fee are su	ubmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
	REN	Name of Contact Person		
_	./.,	Name of Contact Person		
-	EXI	20-MIAMI INC	•	
	lov.	Firm/ Company	·	
-	101	13 USPREY I	KACE	
	WE	75 OSPREY TO Address BEACA	H. FORIDA	33412
-		City/ State and Zip Code		
	D VI	ACOUR SO COLL		
		ACOMB & COMO sed for future annual report		
		·		
For further information	concerning this matter, plea	se call:		
RENE J. L	KCOMB	at (732	221.954	10
Name of	Contact Person		de & Daytime Telepho	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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 State Certified Copy (Additional Copy is enclosed)	ıs
	ng Address		<u>Address</u>	
	dment Section on of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327			Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



EXPO-MIAMI INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

14000032413	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis Articles of Incorporation</i> :	orida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation or A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	545 5W 29 ROAD MIAMI, FLORIDA, 33129
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	545 SW 29 ROAD MIAMI, FLORIDA 33129
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent REVEJ. LA	tions .
(Florida street	SPREY TRACE address) M BEACH, Florida 33412 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Agent.	<u> </u>

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP.D	MANUEL ALONSO-POCH	3520 Rockerman ROAD MIAMI, FLORIDA 33133
Add Remove			
2) X Change	P-D	RENE J. LACOMB	MIAMI, FLORIDA 33412
Remove 3) Change Add	<u>vp.</u> D	FRED COUPE	545 5W 29 ROAD MIAMI, FLORIDA 33129
Remove 4) Change Add Remove	VP.D	JEAN CLAUDE VERITE	2333 Bricker AVE 100 MIAMI, FLORIDA 33129
5) Change Add Remove			
6) Change Add Remove			

Attach <i>add</i>	ng or adding additi litional sheets, if ned	cessary). (Be s	pecific)	•		
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fan amen	dment provides fo	r an exchange i	reclassification	ar concellation	oficened charec	
provisions	s for implementing t applicable, indicat	the amendmen	t if not containe	d in the amenda	nent itself:	
. (9	паррисаот, такса	C 1071)	N/A			
 _						
					 	·
						

The date of each amendment(s) adoption: UCTOBER 31, 2014 date this document was signed.	, if other than the
Effective date if applicable: OCTOBER 31, 2014	
(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.	
Signature (By 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 court appointed fiduciary by that fiduciary)	
RENE J. LACOMB	
(Typed or printed name of person signing)	
DIRECTOR, PRESIDENT	
Title of person signing)	