415495

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: THE SCHWITALL	A CORPORATION	
DOCUMENT NUME			
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	LINDA VILLENA, SECRET	ARY/TREASURER	
		Name of Contact Person	
	THE SCHWITALLA CORPO	DRATION	
		Firm/ Company	
	8355 SW 114 STREET		
		Address	
	MIAMI, FL 33156		
		City/ State and Zip Code	
VILL	ENAL@BELLSOUTH.NET		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, please	e call:	
LINDA VILLENA		at () 215-3800 le & Daytime Telephone Number
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	ayable 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 Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE SCHWITALLA CORPORATION

(Name o	f Corporation as currently filed	with the Florida Dept. of State)	
415425			
	(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, this <i>Florid</i>	a Profit Corporation adopts the following amen	ndment(s) to
A. If amending name, enter the new na	me of the corporation:		
		The	new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associate	ation "Corp," "Inc," or "Co".	ompany," or "incorporated" or the abbrevion A professional corporation name must contain	ation 1 the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	OFFICE BOX) d/or registered office address in	•	SECRETARIAN SECULIARIAN SECULIARIAN SECULIARIAN PER PA 3: 25
	12954 SW 133RD CT		
	(Florida street ada	ress)	
New Registered Office Address:	MIAMI	, Florida	
New Registered Agent's Signature, if classification in the second	(City) nanging Registered Agent: ered agent. I am familiar with ar Signature of New Registe		

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_Cha	nge	<u>PT</u>	John Doe	
X Ren	nove	<u>V</u>	Mike Jones	
<u>X</u> Ad	d	<u>sv</u>	Sally Smith	
Type of (Check		<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)	_ Change	P	ALPHONSE M. SCHWITALLA	8355 SW 114TH STREET
	_ Add			MIAMI, FL 33156
<u>X</u>	_ Remove			
2) <u>X</u>	_ Change	<u>P</u>	MARY LOU SCHWITALLA	8355 SW 114TH STREET
	_ Add			MIAMI, FL 33156
	_ Remove			
3) <u>X</u>	_ Change	ST	LINDA VILLENA	8355 SW 114TH STREET
	_ Add			MIAMI, FL 33156
	_ Remove			
4 1	Change			
	_ Add			
	Remove			
5)	Change			
	_ Add			
	_Remove			
6)	Change			
	_ Add			
	Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<u></u>	
	
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other	than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
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.	
MAY 21, 2015	
Signature Mary Lon Schwitalla	
(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)	
MARY LOU SCHWITALLA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	