## 571753

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: The Hamilton Grou	up, Inc.	
	ER:		<del></del>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MARIA A. LEONARDO		
-		Name of Contact Person	n
	KARPEL, LEONARDO & C	COMPANY	
-		Firm/ Company	<u> </u>
	11098 BISCAYNE BLVD S	• •	
-		Address	
	MIAMI, FL 33161	•	
•		City/ State and Zip Cod	e
	MARIA@MYCPAEA.COM		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information  MARIA A LEONARD	concerning this matter, please		638-8119
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section It ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415 Y	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

THE HAMILTON GROUP, INC.		
( <u>Name</u>	of Corporation as currently	y filed with the Florida Dept. of State)
571753		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	Corp." "Inc." or "Co". A	ompany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		11098 BISCAYNE BLVD SUITE 401-34
		MIAMI, FL 33161
D. If amending the registered agent ar new registered agent and/or the new		
Name of New Registered Agent MARIA A LEONARE		
	11098 BISCAYNE BLVD	SUITE 401-34
	(Florida stre	pet address)
New Registered Office Address:	MIAMI	. Florida 33161
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	
nereny accept the appointment as regist	Clunt	ith and accept the obligations of the position.
	signature of New Re	gistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 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>	Address
1) Change	P	ANABELLA M PACIN	2900 NW 39TH ST
Add			MIAMI, FL 33142
X Remove			-
2) Change	P	DAVID P PRESMANES	2900 NW 39TH ST
X Add			MIAMI FL 33142
Remove 3 ) Change	<u>T</u>	ANABELLA M PACIN	2900 NW 39TH ST
XAdd			MIAMI, FL 33142
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			<del> </del>
Add			
Damaya			

E. If amending or adding additional (Attach additional sheets, if necessary)	rry). (Be specific)	_	
N/A			
	<u> </u>		
<u>.</u>			
	<u> </u>		
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			-
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. If an amendment provides for an	exchange, reclassification, o	r cancellation of issued shar	es,
provisions for implementing the (if not applicable, indicate N/	amendment if not contained	in the amendment itself:	
N/A	• ,		
			<del></del>

• •	10/1/2020	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
10/1/202 Effective date if applicable:		
	(no more than 90 days after amend)	ment file date)
<b>Note:</b> If the date inserted in this block document's effective date on the Depart		g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cent for approval.	ast for the amendment(s)
	ed by the shareholders through voting groups h voting group entitled to vote separately on t	
"The number of votes cast for t	he amendment(s) was/were sufficient for app	proval
by		·
	(voting group)	
Dated Signature	ng-	
(By a suffeet	or, president or other officer – if directors or an incorporator – if in the hands of a receive iduciary by that fiduciary)	officers have not been er, trustee, or other court
DA	VID P PRESMANES	
	(Typed or printed name of person sign	ning)
COL	RPORATE PRESIDENT	
_	(Title of person signing)	<del></del>