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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	MORIKAMI, INC.
DOCUMENT NUMBER:	40113
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
DON BL	ACKMAN une of Contact Person)
THE MORIKA	(Firm/Company)
4000 MORI	KAMIPARK ROAD
DELRAY BE	ACH, PL 33446 (Address) (Address)
- Ablackm E-mail address: (to be used for	Me Phenov. ong State and Zip Code) Me Phenov. ong Statute annual report notification)
For further information concerning this matter, please call	: <u>,</u>
DON BLACKMAN (Name of Contact Person)	at (<u>561</u>) <u>495-0233</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payah	de to the Florida Department of State:
(.	43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is cnclosed)
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

FILED

,	of	. •	1	4 HAY -2	PE 1: 18
THE	MORI	KAMI.	TN	Gwelen	
(Name of Corporation as currently filed with	the Florida I	ept. of State)	1.,	ALCAHASSE	E, FLORIDA
	14	10113			
(Document Number of	Corporation (if known)		-	
ursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	a Statutes, this	Florida Not Fo	r Profit Corp	oration adopts	the following
. If amending name, enter the new name of the co	orporation:				
	6.1	/Δ			The new
ame must be distinguishable and contain the word "c Company" or "Co." may not be used in the name.	corporation" (or "Incorporated	d" or the abb	reviation "Cor	p" or "Inc"
s. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>	DRESS)		J/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	 (<u>)x</u>)		V/A		
	t				
). If amending the registered agent and/or registenew registered agent and/or the new registered			, enter the n	ame of the	
Name of New Registered Agent:		N/A		·	
New Registered Office Address:	(Florid	da street address)	-	_	
	,	N/A	, Floric (Zip	la	
	(City)	1 7 1 1 3	(Zip	Code)	
New Registered Agent's Signature, if changing Reg	gistered Ager	<u>ıt:</u>			
hereby accept the appointment as registered agent.	l am familiar	with and accep	t the obligation	ons of the posit	ion.

Signature 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

Example: X Change X Remove X Add	PT John D V Mike Je SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	I	DANIEL DEMOTT	
2) Change Add Remove	<u></u>	ANTHONY LONBARDO	6510 TIMBER LANE BOCA RATON FL 33433
3) Change Add Remove			
4) Change Add Remove .		·	
5) Change Add Remove			
6) Change Add			
Remove			

	ary). (Be specific)	
	N/A	
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The date of each amen	dment(s) adoption: 4/1//4
Effective date <u>if applic</u>	able: 4/17/14
	(no more than 90 days after amendment file date)
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)
The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.
There are no memi adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	
Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected; by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)

The date of each amendment(s) ado	option: 4/19/14
Effective date <u>if applicable</u> :	4/17/14
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of director.	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated 4/=	21/14
Signature	And Source
have not been	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)
Ran	dal J. Baker
_ PA	Typed or printed name of person signing) SICKERY BOATA OF THUSTELS
	(Title of person signing)