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| (Re | questor's Name) | | | | |
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| (Cit | y/State/Zip/Phone | e #) | | | |
| | _ WAIT | | | | |
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| (Do | cument Number) | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

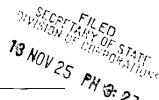
TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: HAFT, STE | EINLAUF & CON | IPANY, INC. | | |
|---|---|--|--|--|--|
| DOCUMENT NUMBER: L46221 | | | | | |
| The enclosed Articles | The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all corre | Please return all correspondence concerning this matter to the following: | | | | |
| | DAVID HAFT | | | | |
| | | Name of Contact Person | n | | |
| | HAFT, STEINLA | UF & CO. | | | |
| | | Firm/ Company | | | |
| | 1200 S. PINE ISI | _AND ROAD SL | JITE 475 | | |
| | | Address | | | |
| | PLANTATION, F | L 33324-4470 | | | |
| | | City/ State and Zip Cod | e | | |
| dm | h@haft-steinaluf.d | com | | | |
| | | sed for future annual report | notification) | | |
| | ` | | , | | |
| For further information concerning this matter, please call: | | | | | |
| David Haft 954 476- | | | , 476-7020 | | |
| Name | of Contact Person | | de & Daytime Telephone Number | | |
| | | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department 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) | | |
| | iling Address | | Address | | |
| Amendment Section | | Amendment Section | | | |
| | ision of Corporations . Box 6327 | Division of Corporations | | | |
| 12.0 | . DUX 0327 | Clifton Building | | | |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HAFT, STEINLAUF & COMPANY, INC.

| | | | | 100 |
|--|---------------------------------------|--|--------------------------------|------------------|
| (Name of Corporation as currently fil | ed with the Florida | Dept. of State) | | - MB. 27 |
| L46221 | | | | _ |
| (Document Number of O | Corporation (if know | n) | | |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida | ı Profit Corporation add | opts the followin | g amendment(s) (|
| A. If amending name, enter the new name of the cor | rporation: | | | |
| | | | | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a | " "Inc," or "Co" | ompany," or "incorpor A professional corporat | tated" or the action name must | bbreviation |
| B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD)</u> | | | | - |
| | | | <u> </u> | - |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> | <u> </u> | | | - |
| | | | | |
| | | | | - |
| If amending the registered agent and/or registered new registered agent and/or the new registered or | | Florida, enter the name | e of the | |
| Name of New Registered Agent | | | | |
| | (Florida street addr | ess) | | |
| New Registered Office Address: | | , Florida | | |
| | (City) | | (Zip Code) | |
| | | | | |
| New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I | stered Agent: am familiar with and | l accept the obligations | of the position. | |
| Signature of New | v Registered Agent, ij | 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 | <u>PT</u> | John Doe | |
|-------------------------------|--------------|---------------------|--------------------------|
| X Remove | Y | 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 | PD | Glenn Haft | |
| Add Remove | | | |
| 2) Change | PD | Daniel P. Steinlauf | 1062 SW 158th Ave. |
| Add | | | Pembroke Pines, FL 33027 |
| Remove 3) Change | STD | David M. Haft | 12749 N.W. 18th Manor |
| Add | | | Coral Springs, FL 33074 |
| Remove | | | |
| 4) Change | | - | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attacl | ending or adding addition addition additional sheets, if necession | ssary). (Be sp | ecific) | | | |
|----------|--|----------------|-------------------------------------|---------------------------------------|-----------------------------------|-------------|
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| prov | amendment provides for issions for implementing (if not applicable, indicate | the amendment | eclassification, if not containe | or cancellation d in the amendi | of issued shares, nent itself: | |
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| The date of each amendment(s) adoption: July 1, 2013 | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: July 1, 2013 | _ |
| (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. | |
| Dated November 20, 2013 | |
| Signature David Alex | |
| (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) | |
| David Haft | |
| (Typed or printed name of person signing) | |
| Secretary- Treasurer | |
| (Title of person signing) | |