106000612319

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APPROVED AND



COVER LETTER

TO: Amendment Section Division of Corporations

| ation, Inc. |
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Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently fi | | | | | |
|--|------------------------------|------------------------------|------------------|------------|---|
| N06000012319 | | <u></u> , | | | |
| (Docume | nt Number of Corporation (if | known) | | | |
| Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation | | a Not For Profit Corporati | on adopts the fo | ollowing | |
| A. If amending name, enter the new name | of the corporation: | | | | |
| | | | | The new | |
| name must be distinguishable and contain the "Company" or "Co." may not be used in the | | orporated" or the abbrevial | tion "Corp." or | · "Inc." | |
| B. Enter new principal office address, if a | | | | , | |
| (Principal office address MUST BE A STRE | | | | (| |
| | | | | | |
| | | | | E SE | 7 |
| C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) | | | | CAE AA | ט |
| | | | | TAR ASS | |
| | | <u>-</u> · | | EE. | : |
| | | | | FLO ST | • |
| If amending the registered agent and/or new registered agent and/or the new re | | Florida, enter the name o | <u>f the</u> | RED. | (|
| Name of New Registered Agent: | | | | | |
| | | | | | |
| New Registered Office Address: | (Florida street a | ddressj | | | |
| New Registered Office Statuess. | | | | | |
| _ | (City) | , Florida | (Zip Code) | | |
| New Registered Agent's Signature, if chan | ing Registered Agent | | • | | |
| hereby accept the appointment as registered | | nd accept the obligations of | the position. | | |
| | | | | | |
| S | gnature of New Registered As | ent, if changing | | | |

Page 1 of 4

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 | <u>V</u> <u>Mi</u> | nn Doe ke Jones lly Smith | |
|----------------------------------|--------------------|---------------------------------|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>D</u> | Ursula Villanueva | 2962 Trivium Circle |
| Add | | | Suite 203 |
| X Remove | | | Dania Beach, FL 33312 |
| 2) Change | | | |
| Add | | | |
| Remove | | | 1 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | • | |

| attach additional sheets, if necessary). | (Be specific) |
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| The | e date of each amendment e this document was signed | (s) adoption: June 9, 2014 | , if other than the |
|-----|--|---|---------------------|
| | ective date <u>if applicable</u> : | June 9, 2014 | |
| | <u></u> | (no more than 90 days after amendment file date) | |
| Add | option of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/w was/were sufficient for ap | rere adopted by the members and the number of votes cast for the amendment(s) oproval. | |
| | There are no members or adopted by the board of o | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors. | |
| | Dated | 16/16/14/ | |
| | Signature | Il facility Coll | |
| | have n | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| | | Marcos Korik | |
| | | (Typed or printed name of person signing) | |
| | | President | |
| | | (Title of person signing) | |