N07000011088

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Nelcon	ne MOSHIACH	<i></i>
DOGLIMENTINUA	1BER: EN& 26/4	436469	No. del
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
	MATIS A	3 ARBANE Contact Person)	
,	(Name of	Contact Person)	
	Welcome A	105Hinch	
	(Firm	n/ Company)	
	20533 Bis	Address)	/39
	(.	Address)	
	AVENTURA D	12 33/80 (te and Zip Code)	
	(City/ Sta	ite and Zip Code)	
		;	
	E-mail address: (to be use	ed for future annual report notific	cation)
For further informat	ion concerning this matter, pleas	e call:	
M	TIS ABABBANEL	at (<u>305</u>) <u>989</u> (Area Code & Dayt	-4070
(Name	e of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departmen	nt 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)
Mailing Address Amendment Section		Street Address Amendment Section	is cholosed)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** 7000011088 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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) <u>Title</u> <u>Name</u> Address Type of Action ☐ Add Remove Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption:
Effective date if applicable: 7/5/10 [date of/adoption is required]
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 7/21/10
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, o other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

Page 3 of 3