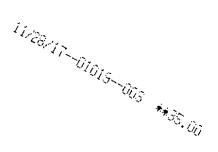
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NOV 2 9 2017

S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MBROKE (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$3.75 Filing Fee & \$343.75 Filing Fee & នីវិ52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation				
C 110 Tue				
CLUB LOMINO, ILLE.				
(Name of Corporation as currently filed with the Florida Dept. of State)				
N 0010000 13/1 0 8				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
N/A 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) PEM BROKE PINES, FL. 33027				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Somlaw attal				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the				
Name of New Registered Agent: 1301 SW 14Z Nd AVE #5H-174 (Florada street address)				
New Registered Office Address: PEMBROKE PINES Florida 33027 (City) (Zip Code)				
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				

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>	<u>n Doc</u> <u>ķe Jones</u> <u>ly Smith</u>		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	P	CELESTIN	o Soreu	13701 S.W. 12 St.
Add Remove			PE	# A-406 EMBROKE PINES, FL. 3302
2) Change	<u>P</u>	ORLANDO	HUGUET	1301 S.W. 142 nd AVE. # H-114
Remove 3) Change		Nectalie		P <u>embroke Pines, FL</u> . 33027 12900 S.W. 7 Ct.
Add Remove				# B-1089 EMBROKE PINES, PC. 33027
4) Change Add		VILMA AS		5 131015.W. 15C+ #R-207 PEMBROKE PINES FL 33027
Remove 5) Change				
Add				
6) Change				
Remove				

E. If amending or adding addition (attach additional sheets, if neces	sary). (Be specij	<u>change(s) here</u> fic)	:	
NIA				
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The date of each amendment(s) adoption:	Novem	BER	15, 2017, if other than the	
Effective date if applicable:	NOVEMBER more than 90 days after amendm	15 em file date	$\frac{15, 2017}{2017}$, if other than the	
Note: If the date inserted in this block does no document's effective date on the Department of	t meet the applicable statutory fil	, .		
Adoption of Amendment(s) (CI	IECK ONE)			
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of vo	otes cast for	the amendment(s)	
There are no members or members entitled adopted by the board of directors.	I to vote on the amendment(s). T	he amendm	ent(s) was/were	
Od	BER 15,201	7		
	e chairman of the board, presiden			
	, by/an ingorporator — if in the had iduciary by that fiduciary)	nds of a rece	eiver, trustee, or	
'	ORLANDO HI	JAUET		
	(Typed or printed name of pe	rson signing	<u>g)</u>	
	PRESIT		-	
(Title of person signing)				