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(Do	cument Number)	
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T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Carpe Diem Academy Hammocks Corp.
111100001229
DOCUMENT NUMBER: N 100001001
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lissa Torres (Name of Contact Person)
(Name of Contact Person)
Carpe Dien Academia Frc. (Firm/Company)
15924 SW 92 HVE (Address)
Miami F2 33/57 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1: -7 -12 3
(Name of Contact Person) at (305) 97/-/230 (Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy
enclosed) (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
P.O. Box 6327 Clifton Building
Tallahassee, Fl. 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation (Name of Corporation the Florida Dent. of State) (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "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: (Florida street address) New Registered Office Address: Florida (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 Agen

Page 1 of 4

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 John SV Sally S	ones	X/A	gardenia surve		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) Change		··			-	
Add						_
Remove						
2) Change		<u></u>			,	
Add						
Remove					******	
3) Change						
Add						
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4) Change						
Add	•					
Remove			•			
5) Change						
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6) Change		•				
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f amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adoption: 11/5/2012				
Effective date if applicable:	option: 77 / 3 /			
Entettive date <u>in applicable</u> .	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)			
There are no members or membadopted by the board of directo	rers entitled to vote on the amendment(s). The amendment(s) was/were			
(By the chair have not bee	man or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)			
	Lissa Torres			
	(Typed or printed name of person signing)			
	President			
-	(Title of person signing)			