N12000011528

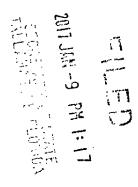
(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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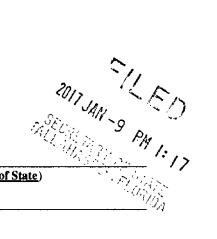
TO: Amendment Section Division of Corporations

NAME OF CORPORATION		NEQUIVOCAL REI	NOVATION.	INC.	
DOCUMENT NUMBER: ,	N1200001152				
The enclosed Articles of Am					
Please return all corresponde	ence concerning this matter	to the following:			
		DUSTIN GOLLOPF	•		
	(Name of Contact Per	son)	· ··	
	ONE PEOPLE U	NEQUIVOCA'L REN	OVATION, I	NC.	
		(Firm/ Company)			
		P.O. BOX 69444	11		
		(Address)			
	!	MIAMI, FLORIDA 3	3269		
	(City/ State and Zip C	ode)	 	
	DUST	INGOLLOPP2@GN	AAIL.COM		
E	-mail address: (to be used	for future annual repo	ort notification	1)	
For further information conc	erning this matter, please c	all:			
DUSTIN GOLLOPP		at	954	496- 5641	
	(Name of Contact Person)	1	(Area Code)	(Daytime Telep	hone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A	ddress	Stre	et Address		

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

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

Articles of Amendment to Articles of Incorporation of



ONE PEOPLE UNEQUIVOCAL RENOVATION, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)	1.50
N12	2000011528	4 (A)
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation add	opts the following
A. If amending name, enter the new name of the corporation N/A	<u>on:</u>	The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "(
B. Enter new principal office address, if applicable:	18441 NW 2ND AVENUE STE 113C	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FLORIDA 33169	
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 694441	
	MIAMI, FLORIDA 33269	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
N/A Name of New Registered Agent:	turi.	
	(Florida street address)	
New Registered Office Address:	(Fig. and Street chartery)	
	, Florida _	
	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing Registered A legistered agent. I am fan legistered agent. I am fan legistered agent.		esition.
Si	gnature 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)

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>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) N/A Change	N/A	N/A		N/A
Add				
Remove				
2) Change			- 1, 1,	
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
5) Change				
Add				
Remove				
				
6) Change				
Add				
Damova				

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	•
,	
	· · · · · · · · · · · · · · · · · · ·
***************************************	·
	#**
	

		N/A	
The	e date of each amendment(s) adoption		_, if other than the
date	this document was signed.		
	JANUARY	(1,2017	
Eff	ective date <u>if applicable</u> :		
	((no more than 90 days after amendment file date)	
	te: If the date inserted in this block does ument's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be nt of State's records.	e listed as the
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
	There are no members or members ent adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were	
	DECENBER 28,2	2017	
	Dated		
	Signature		
		wice chairman of the board, president or other officer-if directors	-
	have not been select	sted, by an incorporator – if in the hands of a receiver, trustee, or	
		ed fiduciary by that fiduciary)	
		DUSTIN GOLLOPP	
		(Typed or printed name of person signing)	
		DIRECTOR	
		(Title of person signing)	