N1300005817

(Requestor's Name)				
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SECRETARY OF STATE
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AUG 1 2 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporation	ns		·	ęł.	-
NAME OF CORPORATION	on: Attacha	ble Ine	orporate	ed	:
DOCUMENT NUMBER:	N13000	0059	317		
The enclosed Articles of An	nendment and fee are subm	nitted for filing.			
Please return all correspond	ence concerning this matter	r to the following:			
Vernal Ro	lle Ja				
	((Name of Contact	Person)		
Attachable	Inecrporat-	ed			
	l	(Firm/ Compa	ny)		
821 NW 1	54th Street				
		(Address)			
Miami, F	Florida 33	3127			
,		(City/ State and Zi	p Code)		
Altachableine	Gamail. Com mail address: (to be used	; Attac	hableine e	gmail, com	
			eport notification	,)J	
For further information cond	cerning this matter, please of	cait:			
Thillip Bai	(Name of Contact Person)		at (305)	758-964	Ì
	(Name of Contact Person)		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the	following amount made pay	yable to the Florida	Department of S	State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fo Certified Copy (Additional copy enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy sed)	
Mailing A			treet Address		
	ent Section of Corporations		Amendment Secti Division of Corpo		
P.O. Box	6327	(Clifton Building		
Tallahasse	ee, FL 32314	2	661 Executive C	enter Circle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

(Name of Corporation as	Currently	ے / y filed wit	th the Fl	n <u>C D C</u> lorida Dept.	porato	<u>°d</u>		_
N 13	S 00	00	0 5	5817				_
(Document	t Number	of Corpo	ration (if	f known)				
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes,	this <i>Flor</i>	ida Not l	For Profit Co	<i>orporation</i> adop	ts the follo	owin	ıg
A. If amending name, enter the new name of the con	rporation	<u>n:</u>						
						The	e nev	N
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporatio	on" or "in	corpora	ited" or the ai	bbreviation "Co	orp." or ".	Inc.'	•
B. Enter new principal office address, if applicable:						- 2	<u>ن</u> لا	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>Kess</u>) _					5	<u> </u>	100 100 100
						16) ?	SE F
	-					÷		57 97 97
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	X)						e L	7) (3:1) (4:1)
						(بب	724 5
	_			 			8	_ =
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent:			n Florid	da, enter the	name of the			_
								_
New Registered Office Address:			,	(Florida street a	ddress)			-
					, Florida			_
		(City)			(Zip Cod	le)		
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I			and acce	ept the obliga	tions of the posi	ition.		
	Sign	nature of I	New Reg	gistered Agent	t, 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		Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	P	Michael A. Higgs	90 NW 185th TERR Miani, FL 33169
2) Change Add	5	Zena Troutman	14371 Sw 96th LANE Miumi, FL 33186
Remove 3) Change Add	<u>C</u>	Jeff Reynolds	7190 NW 21st Ave Miami, FL 33147
Remove 4) Change Add Remove	<u>S</u>	Sonya James	1043 NW 76 Street Miumi, FL 33150
5) Change Add Remove	TR	Julia Whiley-Boyd	1081 NE 87 4 Street North Miani, 33138
6) Change	D	BRIAN Dennis	1373 NW 55th Ave Miami, FL 33142
Remove		T	

E. If amending or	adding additional A	rticles, enter change(s) he		* A N a m a	
KIPZOF P	al sheets, if necessary)	. (be specific)	MAME	Address 1 7822 N	E Miansi H
Add		Shell	OH H. Attu	ood toliani, Fi	33138
?) Add	- "P"	- Shelt	on, H. ALLWood	1- 7522 NE MIZ MIAMI, FL	imi, Ave 33138
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The date of each amendment(s) adoption	n:	, it other than the
date this document was signed.	307	ECRETARY OF STATE SION OF EGRPORATION
Effective date <u>if applicable</u> :	1123116	
	(no more than 90 days after amendment fi	FAUG - 4 PM 3: 37
Note: If the date inserted in this block do document's effective date on the Department.	nes not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast	for the amendment(s)
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amen	dment(s) was/were
Dated 7(23)	6	
Signature (Py the chairman	of vice chairman of the board, president or othe	r officer if directors
have not been sel	ected, by an incorporator – if in the hands of a nated fiduciary by that fiduciary)	
Bill	Typed or printed name of person sign	
	(1 yped or printed name of person sign	ung)
Vice	President	
	(Title of person signing)	