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JUN 0 1 2014 C. CARROTHERS



COVER LETTERA

TO: Amendment Section Division of Corporations

AME OF CORPORATION:	
OOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
David Watson	
(Name of Contact Person)	
SYSTEM Miami Inc.,	
(Firm/ Company)	
0924 sw 152 terr.	
(Address)	_
Miami, Florida 33157	
(City/ State and Zip Code)	
SYSTEMMiami@gmail.com .	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David Watson 786 *** 877-0067	
(Name of Contact Person) (Area Code) (Daytime Telephone Num	ber)
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 Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)	

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

SYSTEM Miami Inc.

(Name of Corporation as curre	ntly filed with the Florid	la Dept. of State)	_
· · · · · · · · · · · · · · · · · · ·		⊭ 01	101
(Document Num	ber of Corporation (if kno	wn)	c =
ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For I</i>	Profit Corporation adopts the following	ngt
. If amending name, enter the new name of the corpora	ition:	- W	ı
ame must be distinguishable and contain the word "corport Company" or "Co." may not be used in the name.	ation" or "incorporated"	or the abbreviation "Corp." or Inc	211/ 3.,
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	<u> </u>		_
			_
			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			_
. If amending the registered agent and/or registered off	fice address in Florida, e	nter the name of the	_
new registered agent and/or the new registered office			
Name of New Registered Agent:			_
New Registered Office Address:	(Flor	ida street address)	
		. Florida	
	(City)	, Florida (Zip Code)	
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am f		ne obligations of the position.	
	Signature of New Register	and Japan if shousing	

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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Corey Hill	P.O. Box 652936
Add			Miami, Fl. 33265
X Remove			
2) Change	VP	Vandalyn Allen	10713 SW 240 terr.
X Add			Homestead, Fl. 33031
Remove			- • • • •
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u>.</u>	<u></u>	
Add			
Remove			-
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	

Γhe	date of each amendment(s) adop	otion:	, if other than the
	this document was signed.		
	4/30/15		
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block iment's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will n rtment of State's records.	ot be listed as the
Ada	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
	There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 4/30/15		
	Signature	and Wales	
	have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	David Wate	son	
		(Typed or printed name of person signing)	
		Director	
		(Title of person signing)	