## N1500006453

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #	<i>f</i> )
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(B	usiness Entity Name	<del>)</del>
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SECKETARY OF STAIL

JUL <sup>24</sup> 2015 CLEWIS

## **COVER LETTER**

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

	FILED
SECRET	ARY OF STALE
NAIZION C	F CORPORATION

	of		DIVISION OF T	Y OF STALE
Incubate R	Ziviera Beacl	h Inc.	orrotes of t	-UNPERATIC
(Name of Corporation	as currently filed with the Flo	rida Dept. of	State JUL 23	AM 9: 4
N 15 0	00006453			•
(Docum	nent Number of Corporation (if I	known)		<del></del>
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not F	or Profit Corp	poration adopts th	e following
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ed" or the abh	reviation "Corp."	or "Inc."
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		··		
Frincipal office dadress <u>MOST DE A STREET A.</u>	<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)			
	<del> </del>			
D. If amending the registered agent and/or regis		enter the n	ame of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent:				
New Registered Office Address:	(I	Florida street add	iress)	
Her Registered Office Plantess.				
	(City)		, Florida (Zip Code)	
	(City)		(Zip Coue)	
New Registered Agent's Signature, if changing R	legistered Agent:			
hereby accept the appointment as registered agen	i. i am jamiliar with ana accep	t the obligatio	ns of the position	•

Signature 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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u>P</u>	Francois, Beethoven	1939 Broadway Riviera Beach, Fl 33404
2) X Change Add	PT	Hill, Marchelle	1939 Broadway Riviera Beach, FL 33404
Remove 3) Change Add	<u>VS</u>	Wallace, Jason	1939 Broadway Riviera Beach, FL
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icies, enter cnange(s) nere; (Be specific)
······································	And the Anna Anna

	date of each amendment(s) ado this document was signed.	ption:	, if other than the
Effe	ective date <u>if applicable</u> :	•	FILED OPERATED A STATE
		(no more than 90 days after amendment file date)	DIVISION OF CORPORATIONS
<u>Not</u>	e: If the date inserted in this block ument's effective date on the Department.	k does not meet the applicable statutory filing requirement artment of State's records.	s, thiब्रुक्तावासुंगिशिषु bAम्बन्धि के प्राट
Ada	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the	amendment(s)
×	There are no members or member adopted by the board of director	rs entitled to vote on the amendment(s). The amendment(s).	s) was/were
	Dated	15, 2015	
	(By the chairm have not been	an or vice chairman of the board, president or other office selected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary)	
		Marchelle Hill (Typed or printed name of person signing)	
	<del></del>	President (Title of person signing)	SECRETARY OF SIDIVISIEN OF CORPER.  15 JUL 23 AM 9
			STATE 9: 45