## N150000007169

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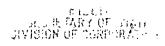
C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·	·			
NAME OF CORPORATIO	Prizm Projects, Inc	·.			
DOCUMENT NUMBER: _	N15000007169	<u></u>			
The enclosed Articles of Ame	endment and fee are subm	itted for filing.			
Please return all corresponder	nce concerning this matter	to the following:			
Mikhaile M. Solomon					
	(	Name of Contact	Person)		
Prizm Projects, Inc.					
		(Firm/ Compa	ny)		
19324 NW 56 Place					
		(Address)			
Miami Gardens, FL 33055					
	(	City/ State and Zip	Code)	<del></del>	
mikhailesolomon@gmail.c	com	•			
E-	mail address: (to be used t	for future annual re	eport notificatio	n)	
For further information conce	rning this matter, please c	all:			
Mikhaile Solomon		2	954 it	372-6241	
	Name of Contact Person)			(Daytime Telephone Number)	
Enclosed is a check for the fo	llowing amount made pay	able to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fe Certified Copy (Additional copy enclosed)	Certif is Certif (Add	0 Filing Fee ficate of Status fied Copy ttional Copy is osed)	
Mailing Ac			treet Address		
Amendmen Division of	Amendment Section Division of Corporations				
P.O. Box 6	327	C	lifton Building		
Tallahassee	2	661 Executive (	Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Prizm Projects, Inc.

2016 OCT 14 PM 2: 12

(Name of Corporation a		filed with the Flo	rida Dept. of State)	
(Docume		of Corporation (if I	cnown)	
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:		•		
A. If amending name, enter the new name of the c	orporation	<u>ı:</u>		
N/A			The new	
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	'corporatio	n" or "incorporate	d" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable	le:	N/A		
(Principal office address <u>MUST BE A STREET AD</u>				
	_	·		
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
	_			
D. If amending the registered agent and/or registered new registered agent and/or the new registered			, enter the name of the	
	N/A	110331		
<u>Name of New Registered Agent:</u>	<del></del> -			
_			lorıda street address)	
New Registered Office Address:		,	ioriaa sireer aaaressy	
	N/A		, Florida	
<del>-</del>		(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re	gistered A	gent:		
I hereby accept the appointment as registered agent.			t the obligations of the position.	
	h	A /		
		Holomo	otarad Agant if ahanging	
	X 101	ACTIONS OF MISH MOST	STARAG AGONE IL ONGINGINA	

## 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \approx Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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>Mi</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Mireille Louis Charles	1865 NE 171 ST.
_XAdd			North Miami Beach, FL 33162
Remove			
2) Change	D	Myrtis Berdolla	2224 N. Charles
Add			Baltimore, MD 21218
X Remove		A M. Wasses	5320 Haverford Ave.
3 ) Change		A.M. Weaver	<del></del>
Add			Philadelphia, PA 19139
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			<del></del>
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)					
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		<u></u>	,			
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			* <u></u>	-		
	<u> </u>		 			

•		September 22, 2016					
	e date of each amendment(s) ado	ption:	, if other than the				
	e this document was signed.  ective date <u>if applicable:</u>	October 1, 2016	FIGURE FARY OF STAFF SCHOOL OF CORFORAL FOR				
	<u></u>	(no more than 90 days after amendment	file date) 2016 OCT 14 PM 2: 12				
	te: If the date inserted in this bloc ument's effective date on the Department.		requirements, this date will not be listed as the				
Ade	option of Amendment(s)						
	The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of votes	s cast for the amendment(s)				
口	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The s.	amendment(s) was/were				
	Dated	2016					
	Signature	Johns					
	have not beer	nan or vice chairman of the board, president or a selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)					
		Mikhaile Solomon					
	(Typed or printed name of person signing)						
		Director					
		(Title of person sign	ing)				