Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000174988 3)))



H180001749883ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

റ്റാത

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED

B JUN 11 FM 4: 26
SECRETARY OF TAME
(LLAHASSEC)

COR AMND/RESTATE/CORRECT OR O/D RESIGN MIAMI OVER 50, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

18 JUN 1 L AM 8: 14

			IN JUICEL AM	9:14
	Articles of Amen	dment	And the second of the second	
	to Articles of Incorpo	• · • · · · ·	SECTEBARY AS TARGARAS	55 ALE GLODIS 4
_	of_	at auton	THE LAND OF	UCREDIA
Miami Ove	2r50	<u> </u>	<u>C.</u>	
(Name of Corporation	os currently filed wi	th the Florida D	ept. of State)	
\longrightarrow NIXOO	50013	$\mathcal{R}\mathcal{O}$		
(Docum	ment Number of Corpo	ration (if known)		
Pursuant to the provisions of section 617.1006, Ptop amendment(s) to its Articles of Incorporation:	_			he following
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the word	"corporation" or "in	cornerated" or the	he abbeniados tidos	The new
Company or Co." may not be used in the name	<u>a</u> .	oorporated or p	не иоогенинов Согр.	or Inc.
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET 4)	ble: DDRESS)			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)			
D. If amending the registered agent and/or regis new registered agent and/or the new registere	tered office address is	n Florida, enter i	the name of the	
Name of New Registered Agent:	Franklin	Cootall	auas ·	
	9110 Fob		w blyd #1	DUL
New Registered Office Address:		(Florida sir	eet addirss)	
	(Cipy)	·	, Florida <u>& }</u> (Zip Code)	2135
New Registered Agent's Stansture, if changing R hereby accept the appointment as registered agent	eristered Agent: I am famillar with a	nd accept the obl	igations of the position	
•		A) , , , , , , , , , , , , , , , , , , ,	
_	Signature of N	lew Registered As	gent, if changing	

Page 1 of 4

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:

F = President; V = Vice President; I = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairmon 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 PSI and Mike Jones is listed as the Y. 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, Y as Remove, and Sally Smuh, SV as an Add.

Example: X.Change X.Remove X. Add	<u>V</u> <u>Mil</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	7	Ratael Mar	tinez
Add Remove			
2) Change Add	\mathcal{P}	Franklin Casta	
Remove 3) Change			9110 FontainebleauBlu #104 Miami FL 33172
Add			
4) Change Add			
Remove			
5) Change			
Add Remove			
δ) Change			
Add			
Remove		Page 2 of 4	· ·

H18000174988

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
All addresses should be Changeo to: 9110 Fontainebleau Blvd
+ Ontginebleau Blvd
MIGMI FL 33172

Page 3 of 4

• 05/11/2018 15:06 3052201440

(0/11/10	
The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	: listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 6/11/18	
Signature of afact my actions	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Rafael Martinez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	