## N9400001771

| (Re                     | _<br>questor's Name) |               |
|-------------------------|----------------------|---------------|
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| PiCK-UP                 | ☐ WAIT               | MAIL          |
| (Bu                     | siness Entity Na     | me)           |
| (Do                     | cument Number)       | )             |
| Certified Copies        | _ Certificate:       | s of Status   |
| Special Instructions to | Filing Officer:      |               |
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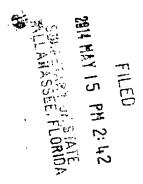
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: <u>SUN BEAM COMMUNITY</u> Development Corp   |
|---|
| DOCUMENT NUMBER: N9400001771  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| TASMINE CARRANZA (Name of Contact Person)   |
| SUN BOAM COHMUNITY Development Corp. (Firm/Company)   |
| 2125 Biscayne Blud, #205 (Address)  |
| MiAMi, FC 33(37  (City/ State and Zip Code)   |
| SCDC5@bellsouth, net E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| TASmine Carranza at (305) 576-9920 (Name of Contact Person) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |
| \$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy  (Additional Copy is Enclosed) |
| Mailing Address  Amendment Section  Amendment Section   |

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

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

| •  | Articles of Amendment                        | FILED  |           |
|--|--|--|-----------|
|  | to<br>Articles of Incorporation<br>of        | 2014 MAY 15 PH 2: 42   |           |
| SUN Beam Commu   | nity Developme                               | CORPE FLORID   | Δ.        |
| (Name of Corporation as currently filed  | with the Florida Dept. of State)             | J. D. C.   |           |
| N94000001771   |  | The second secon | _         |
| (Document  | Number of Corporation (if known)             |  |           |
| Pursuant to the provisions of section 617.1006, I amendment(s) to its Articles of Incorporation: | Florida Statutes, this <i>Florida Not Fe</i> | er Profit Corporation adopts the   | following |
| A. If amending name, enter the new name of   | the corporation:                             |  |           |
|  |  |  | The new   |
| name must be distinguishable and contain the w "Company" or "Co." may not be used in the no      |  | d" or the abbreviation "Corp." (   |           |
| B. Enter new principal office address, if appl<br>(Principal office address MUST BE A STREE)     |  |  | -         |
| (Trincipul Office address MOST BE A STREE)   | (ADDRESS)                                    |  |           |
|  |  |  |           |
|  | <del> </del>                                 |  | -         |
| C. Enter new mailing address, if applicable:   | CE BOV                                       |  |           |
| (Mailing address MAY BE A POST OFFIC   | <u></u>                                      |  | -         |
|  |  |  | _         |
|  |  |  |           |
|  |  |  | -         |
| D. If amending the registered agent and/or re  |  | enter the name of the  |           |
| new registered agent and/or the new regis  | tered office address:                        |  |           |
| Name of New Registered Agent:  |  |  |           |
|  |  |  |           |
| New Registered Office Address:   | (Florida street address)                     |  |           |
| TOTAL TOTAL CHI Office Tradition   |  |  |           |
|  | (Cit.)                                       | , Florida  |           |
|  | (City)                                       | (Zip Code  | )         |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 | PT         John D           V         Mike J           SV         Sally S | ones             |  |
|----------------------------------|---|------------------|--|
| Type of Action (Check One)       | <u>Title</u>  | Name             | Address                                      |
| 1) Change                        | <b>D</b> _  | BARBARA VEGA     | 2175 Biscongre Blud #200<br>MiAMi FL 33137   |
| Add Remove                       |   |                  |  |
| 2) Change                        | _5_   | LAURA DELGADO    | 2125 Biscourne Blud<br>#205                  |
| Remove 3) Change                 | D   | JASHINE CARRANZA | Miami, FC 33137<br>2125 Bisayne Blud<br>#205 |
| Remove  4) Change                | _5_   | Arelys Villagana | Miani, FC 33137 2125 Biscaegne Blud #205     |
| Add Remove                       |   |                  | #205<br>Miami, F( 33137                      |
| 5) Change                        |   |                  |  |
| Remove                           |   |                  |  |
| 6) Change                        |   |                  |  |
| Add                              |   |                  |  |
| Remove                           |   |                  |  |

| If amending or adding additional Ar<br>attach additional sheets, if necessary). | (Be specific) |
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| The date of each amendment(s) ado                               | ption:  | , if other than the |
|---|---|---------------------|
| date this document was signed.                                  |   |                     |
| Effective date if applicable:                                   |   | <u></u>             |
|   | (no more than 90 days after amendment file date)  | <del>-</del>        |
| Adoption 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)   |                     |
| adopted by the board of directors                               |   |                     |
| Dated 05//3   | 12014<br>1chatili-  |                     |
| Signature   | ./chall   |                     |
| have not been   | nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary) |                     |
| <u> MoHS</u>  | EN KHATIBI  |                     |
|   | Typed or printed name of person signing)  |                     |
| PRES  | SIDENT  |                     |
|   | (Title of person signing)   |                     |