

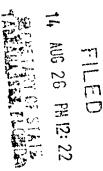
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600263655226 08/28/14--01016--003 **\$2.50



And

SEP, -3 2014

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: H & M ASS	SOCIATES					
DOCUMENT NUMBER: P02000053620						
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
MARTA M. TORI	NE					
	Name of Contact Person					
H & M ASSOCIA	TES, INC					
	Firm/ Company					
2051 NW 112th A	AVE #121					
	Address					
MIAMI, FL 33172						
	City/ State and Zip Code	2				
RIGHTWAY_@BELI	LSOUTH.NET					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
MARTA M. TORNE	at (305	718-8710				
Name of Contact Person						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address						
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

FILED 14 AUG 26 PH 12: 22

H & M ASSOCIATES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000053620

ndment(s) to

(Document Number of Corporation Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	,	
. If amending name, enter the new name of the corporation	:	
	_	
ame must be distinguishable and contain the word "corport Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," o ord "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must o	
. Enter new principal office address, if applicable:	2051 NW 112th AVE #121	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33172	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2051 NW 112th AVE #121	
	MIAMI, FL 33172	
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		
Name of New Registered Agent		
(Florida	a street address)	
New Registered Office Address:	, Florida	
(C	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Aghereby accept the appointment as registered agent. I am famili		
	,, ,, ,, ,,	
Signature of New Register	red 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change	_		
Add			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			-
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) he (Be specific)			
/A				
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18	ange reclassification (or cancellation of i	ssued shares.	
<u>it an amendment provides for an exch</u>	ange, reclassification, c	in the amendmen	t itself:	
provisions for implementing the amer	idment if not contained	m the amendmen		
provisions for implementing the amera (if not applicable, indicate N/A)	idment if not contained	in the amendmen	<u></u>	
provisions for implementing the amera (if not applicable, indicate N/A)	ndment if not contained	- M the amendmen		
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(if not applicable, indicate N/A)	ndment if not contained			
(if not applicable, indicate N/A)	ndment if not contained			
(if not applicable, indicate N/A)	ndment if not contained			
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) /A	ndment if not contained			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 08/18/14	
Signature (la)	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MARTA M. TORNE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	