## P0200050512

(Requestor's Name)		
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
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SEP 3 0 2015 C. CARROTHERE

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION:	monte 59	×M Inc
DOCUMENT NUMBER: POQO	000805/2	<u> </u>
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mate	ter to the following:	,
Martin	i Rosa	to
	Name of Contact Person	
1801 L	Firm/Company  Address	into 265
Winter	City/ State and Zip Code	4 32789
R, martino E-mail address: (to be use	290 O you	ho, com
	7	,
For further information concerning this matter, please	e call:	
martin Rosa	to at (407)	262.1620
Name of Contact Person	Area Code &	Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Departme	ent of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Add	
Amendment Section Division of Corporations	Amendmen Division of	t Section Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Buil	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

• • • • • • • • • • • • • • • • • • • •	Articles of Incorporation		
altamonto I-	AM Duc.		
(Name of Corporat	ion as currently filed with the Flori	da Dept. of State)	
P0200008051	7		
(Docu	ment Number of Corporation (if know	m)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amen	ndment(s) to
A. If amending name, enter the new name of the c	orporation:		
		Ti i	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professional		ation
B. Enter new principal office address, if applicabl	e:	(	man Promoter
(Principal office address MUST BE A STREET AD			ි වි
		التاريخ الماريخ	
		(- (n)	<u>~</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2 <b>V</b> )	30 元	4-5
(muning numress MAT BE A FOST OFFICE BO			
			<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered		the name of the	_
Name of New Registered Agent			
	(Florida street address)		
V. B	,	m	
New Registered Office Address:	(City)	, Florida (Zip Code)	
,	(9)	(-4)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the ob	ligations of the position.	
Sign	nature of New Registered Agent if ch	anging	

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.

X Change	PT John I	Doe	
X Remove	<u>V</u> <u>Mike</u> .	<u>Iones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)  1) Change	Title PD	Martin Rasato	Address 1801 Lee Rd Suite 265 Wenter Park 7
2) Change Add			32789
Remove 3) Change Add			
Remove 4) Change Add	<del></del>		
Remove  5) Change Add			
Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
(ij noi applicaole, inalcale IVA)	

The date of each amendment(s) ad	val adoption	reaffuned 24, 20/5 if other than the
date this document was signed.	July 25,2002	990
Effective date if applicable:	/ / / / / / / / / / / / / / / / / / / /	
	(no more than 90 da)	vs after amendment file date)
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The num ficient for approval.	aber of votes cast for the amendment(s)
☐ The amendment(s) was/were appr		voting groups. The following statement
"The number of votes cast f	for the amendment(s) was/were suf	ficient for approval
by	<del></del>	.,,
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	oted by the board of directors with	out shareholder action and shareholder
selected	March Jas March Jas rector, president or other officer —	if directors or officers have not been ads of a receiver, trustee, or other court  TROSATO  c of person signing)
	PKET	7 DENT - 1)1RECIUR

(Title of person signing)