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.

(((H14000051765 3)))



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

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

R. WHITE

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN IVAN'S MACHINE SHOP, INC

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

``#7730₹P. 002/005 P.002

H14000051765

,

FILED

14 MAR -3 AM 10:32

SEGNETALA DE STATE TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation

*	(Name of Corporation as curr	ently filed with the Florids D	apt. of State)	
•	P03800037098			
	(Document Nur	nber of Corporation (it known)		·
ursuant to Articles	the provisions of section 607.1006, of Incorporation:	Florida Statutes, this Florida I	Profu Corporation adopts the following	ng amendment
If amen	ding name, enter the new name o	f the corporation:		
				_The new
orp.," "/	be distinguishable and contain the ne.," or Co.," or the designation ered." "professional association,"	"Corp," "Inc." or "Co". A j	pany," or "incorporated" or the a professional corporation name mist	ibbreviation contain the
Enter ne incipal o	w principal office address, if app fice address <u>MUST BE A STREE</u>	licable: TADDRESS)	· · · · · · · · · · · · · · · · · · ·	•
	,		·	_
				<u>.</u>
Enter no	w mailing address, if applicable: address <u>MAY BE A POST OF FIC</u>	<u>E BOX</u>)		<u>-</u>
				_
				_
•		·		-
	ing the registered agent and/or re tered agent and/or the new regist		rida, enter the name of the	
			·	•
<u>Nam</u>	e of New Registered Agent		AA tuqua a	
			•	
		(Florida street address)		
٠.	- · · · · · · · · · · · · · · · · · · ·	(City)	, Florida	
 <u>Now</u> .	Registered Office Address:		(Zip Code)	
1 . <u>Now</u> .	Registered Office Address:	(Cayy		
	Registered Office Address:	e e appropries	eth generalise i T.A.	5° 10000

Page 1 of 4

Signature of New Registered Agent, if changing

01/13/2032 04:58 ' MAR-03-2014 13:42

H14000051765

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; $\tilde{V} = Vice President$; $\tilde{V} = Treasurer$; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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 Doc 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	<u>PT</u>	John D	93						
X	Remove	ĭ	Mike k	<u>ones</u>						
	Add	<u>\$V</u>	Sally Sr	<u>mith</u>				,		
Tyr	x of Action	Title		<u>Namo</u>	•			<u>Addres</u> s		
	eck One)	V		ALAIN	SAMUEL	ORTIZ	,	8002 S.W.	149 AVE	
1) ,	Change						•	APT B114		
	Add	•						MIAMI, FL	33193	•
-	Remove									•
2) _	Change		-			•				
_	Add									
-	Remove									
3)	Change		-		•					
	Add			. ,						
	Remove				•					
4) _	Change		•	ģt.	•		p.		Al.	
. 7-	Add		•		•		•			
	Remove	•			•		•			
				سيدر ۲۰۰۰	MARKET STATE		· * * * * * * * * * * * * * * * * * * *	lage dist		_
5) _	Change		-	·	<u> </u>		-			
	Add	÷					-			
_	Remove						-			
ه <u> </u>	Change	,	_				_			
7 - ,	Add						_		<u></u>	
<u> </u>	Remove						•			
							_			

Page 2 of 4

01/13/2032 04:59* MAR-03-2014 13:42

H14000051785

Auach additional sheets, if necessar	y). (Re specific)		
		•	
			
	•		
		· · · · · · · · · · · · · · · · · · ·	
	•		
		· · · · · · · · · · · · · · · · · · ·	
•	,		
		• •	•
	· ,		
, a	rie	ų.	
		•	
n amendment provides for an exc	change, reclassification An-	concellation of i-ward shares	
ovisions for implomenting the am	endment if not contained it	the amendment itself:	ž
(if not applicable, indicate N/A)			
		·	
Chris Matterials . The C	ra, plan arer	erber minnersch er in die	
			
, , , , , , , , , , , , , , , , , , , ,			
	_		
		 	
			,
			,
			,

Page 3 of 4

H14000051735

The date of each amendment(s) adoption;02/28/	2014	
Effective date if applicable:			
Ollective and Williamster	(no more t	hun 90 days after amendment j	file date)
	401170140315		
Adoption of Amendment(s)	(CHECK ONE)	•	
The amendment(s) was/were by the shareholders was/were		. The number of votes east for	the amendment(s)
The amendment(s) was/were must be separately provided		s through voting groups. The j ad to vote separately on the am	
"The number of votes o	ast for the amendment(s) wa	s/were sufficient for approval	
by	(voting group)		1
	(voling group)	•	•
☐ The amendment(s) was/were action was not required. ☐ The amendment(s) was/were a			
notion was not required.		•	
02/ Dated	28/2014		
Signature	Doce of		
(By s	ned by an incorporator if i	officer - if directors or officer in the hands of a receiver, trust	s have not been ee, or other court
zpp 0	inted fiduciary by that fiduci IVAN PAREDA		
•	(Typed or prin	ited name of person signing)	
- -	ррэт	***	y.
	(Title of pe	rson signing)	······································

Page 4 of 4