## 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.

(((H15000157943 3)))



H150001579433ABC2

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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

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

Pmail:	Address:			
EMBIL	AGGT055:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ALPHA FLA. 6, INC.

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

06/26/2015 14:23 5612968430

## Articles of Amendment to Articles of Incorporation of



ALPHA FLA. 6, INC.,				H.	
(Name of Corporatio	n as currently fi	led with the Florida D	ent, of State)		
03(0)0071382					
(Docume	ent Number of C	orporation (if known)			_
ursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Fla	orida Profit Corporation	adopts the fol	lowing amendment(s)	to
If amending name, enter the new name of the co-	rporation:				
				The new	
nme must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the c	" "Inc," or "Co	". A professional corp	rporated" or oration name	the abbreviation	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>			,	·	
		-	_		
•					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<b>&amp;</b> )				$t_{i+i}$
·					
If amending the registered agent and/or register	ed office address	s in Florida, enter the	name of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.
new registered agent and/or the new registered	office address:				
Name of New Registered Agent	<del></del>			<del></del>	
		<del></del>		<del></del>	
	(Florida street	address)			
New Registered Office Address:		1-1	Florida	City Codel	
1500 160 150 150 150 150 150 150 150 150 150 15	(C	iny)		(Zip Code)	
ew Registered Agent's Signature, if changing Registered agent.		h and accept the obligat	ions of the pos	ition.	
Signa	ature of New Reg	istered Agent, if changi	ng		

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	PT John	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	P, D, CEO	Allan, Cristina	800 CORPORATE DRIVE
Add			SUITE 600
X Remove			FORT LAUDERDALE, FL 33334
2) Change	S	Cherveny, Carrie	800 CORPORATE DRIVE
Add		,	SUITE 600
X Remove			FORT LAUDERDALE, FL 33334
3) Change	P, CEO, Sole Dir	ector Kyle Kelly	800 CORPORATE DRIVE
X Add			SUITE 600
Remove			FORT LAUDERDALE, FL 33334
4) Change	s	Grace Murillo	800 CORPORATE DRIVE
X Add	<del></del>		SUITE 600
Remove			FORT LAUDERDALE, FL 33334
5) Change	<del></del>		
Add			
Remove			
δ)Change			
Add			
Remove			

If amending or adding additional Arti (Allach additional sheets, if necessary).	(Be specific)	
		<del></del>
		<del></del>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, recinssification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
	·	
		·

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days ofter amendment file date)	
Note: If the date inscreed in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as th
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 statemer must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
June 26, 2015	
Signature Signature	
(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 cour	L
appointed fiduciary by that fiduciary)	
Caitlin Lazarus	
(Typed or printed name of person signing)	•
Attorney-in-Fact	
(Title of person signing)	