P03000082258

(Re	questor's Name)	
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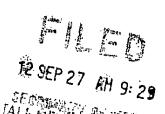
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: IG FAMILY	HOLDINGS NO	. 2, INC.	
DOCUMENT NUMBI	_{R:} P0300008225	8		
	f Amendment and fee are sul			
Please return all corresp	ondence concerning this mat	tter to the following:		
i	PATRICIA GONZ	'ALEZ	•	
_		Name of Contact Person		
ī	NELSON & NELS	SON, PA		
-		Firm/ Company		
<u>:</u>	2775 SUNNY ISL	.ES BLVD, #118		
_		Address		
	NORTH MIAMI B	EACH, FL 3316	0 .	
_		City/ State and Zip Code	:	
patr	icia@estatetaxla	wyers.com		
<u></u>		ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
Patricia Gonz	alez	_{at (} 305	932-2000	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



IG FAMILY HOLDINGS NO. 2, INC.

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

ndment(s) to

P03000082258			•
(Document	Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Flor	ida Profit Corporation	adopts the following amendme
A. If amending name, enter the new name	me of the corporation:		
name must be distinguishable and conto "Corp.;" "Inc.," or Co.," or the designa word "chartered," "professional associati	ation "Corp," "Inc," or "Co".	A professional corpo	The new porated" or the abbreviation bruiton name must contain the
B. Enter new principal office address, is (Principal office address MUST BE A ST			
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O			
D. If amending the registered agent and new registered agent and/or the new		n Florida, enter the n	ame of the
Name of New Registered Agent	Barry A. Nelson, E	sq.	
	2775 Sunny Isles I	3lvd., #118	.
	(Florida street at	•	
New Registered Office Address:	North Miami Beach) ; Florid	ia 33160 (Zip Code)
			1-4
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		and accept the obligati	ons 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.

X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	¥	Mike Jo	ones			
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	;		
Type of Action (Check One)	Title		<u>Name</u>			<u>Addres</u> s
l) Change						
Add						
Remove				,		
2) Change						
Add						
Remove						
3) Change		_	·			····
Add						
Remove				•		
4) Change				,		
Add						
Remove						
5) Change						
Add		_				
Add						
· · · · · ·						
6) Change		-		·		
Add						
Remove			•			

	nding or adding addition addition additional sheets, if necessity	ssary). (Be specific)		
					
· - · -					
f an an provisi (if	nendment provides for a ions for implementing th Inot applicable, indicate i	an exchange, reclass he amendment if not N/A)	ification, or cancellat contained in the am	ion of issued shares, endment itself:	
(7)					
					.

The date of each amendment(s) adoption:
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 cast 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
(voting group)
(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 9-21-12
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 court appointed fiduciary by that fiduciary)
Trivin Geduld
(Typed or printed name of person signing)
DP
(Title of person signing)