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SECRETARY OF STATE

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	MILTON ROBER: P0300013624	DBINSON, INC.		
DOCUMENT NUME	BER: 1 00000 1002 1			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	spondence concerning this matt	ter to the following:		
	MILTON ROBINS	ON		
		Name of Contact Person)	
	MILTON ROBINS	ON, INC.		
		Firm/ Company		
	400 NE 20TH ST,	UNIT D-114		
		Address		
	BOCA RATON, F	L 33431		
		City/ State and Zip Code	e	
sc	HOUTEN@BELLS	SOUTH.NET		
	E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
MILTON ROBINSON				
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2 661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment

FILED

Articles of Incorporation

13 DEC -9 PH 4: 18

MILTON ROBINSON, INC.	SECRETARY OF STATE
(Name of Corporation as currently filed with the Flo	rida Dept. of State) ALLAHASSEE, PECRIDA
P03000136241	
(Document Number of Corporation (if)	(nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	·
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	at address:
(Florida siret	n uuuressy
New Registered Office Address: (City)	Florida(Zip Code)
(City)	(zip code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position.
Signature of New Registered Ag	zent, 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 <math>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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	s	ORLANDO LABRADOR	1247 SW 7TH STREET
Add			BOCA RATON, FL 33486
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
 			4-93-1
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)			
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	hanna vaalassifisat		ian afiacuad sha	maa
an amendment provides for an exc rovisions for implementing the am	nange, reclassificat endment if not cont	ained in the amo	endment itself:	1 €5,
(if not applicable, indicate N/A)				
44				

The date of each amendment	t(s) adoption: 12/04/2013	, if other than the
date this document was signed	l.	
Effective date if applicable:	12/04/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_12/0	04/2013	
Signature	ribeton Cobinson	
So	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	MILTON ROBINSON /	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·