

## 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.

(((H16000095948 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 : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

Phone : (305)670-1991

Fax Number

: (305)670-1993

\*\*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 PUNTO SUR MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

APR 25 2016

A RAMSEY

. .

क्षा स्थाप

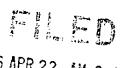
th. deritte 4 +

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment



	to	
	Articles of Incorporation of	16 APR 22 AM 9:13
INTO SUR MANAGEMENT, INC.		SEURETARY OF STATE
(Name of Cor	poration as currently filed with the	Florida Dent of State F. F. ORIOA
04000059948	·	A TOWN
(	Document Number of Corporation (if	known)
ursuant to the provisions of section 607.1006, a Articles of Incorporation:	Florida Statutes, this Florida Profit Co	orporation adopts the following amendment
If amending name, enter the new name of	the corporation:	
		The nev
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association."	"Corp," "Inc," or "Co". A professi	ional corporation name must contain the
. Enter new principal office address, if app Principal office address MUST BE A STREE	licable: TADDRESS)	
Enter new mailing address, if applicable:	CE BOY	
(Mailing address MAY BE A POST OFFIC	<u></u>	
	<del></del>	
. If amending the registered agent and/or r		enter the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	ABATIDAGA, NESTOR CARLOS	9130 S. DADELAND BLVD
Add			SUITE 1509
X Remove			MIAMI FL, 33156
2) Change	PD	MO, LUCIANO	9130 S. DADELAND BLVD
X Add			SUITE 1509
Remove			MIAMI FL, 33156
3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Reπove			
δ) Change			
Add			
Remove			

	eets, if necessary).				
				<u>-</u>	
		<u> </u>		·	
		<del>_</del>	<del></del>	<del></del>	<del></del>
		<u> </u>			
	,				·······
	**************************************	·····			
		<del>-</del>			<del>.</del>
			·		
<del></del>				<del></del>	<u> </u>
ovisions for impl	ovides for an excha lementing the amen le, indicata N/A)	inge, reclassification diment if not conta	on, or cancellation ined in the amend	of issued shares ment itself:	•
(if not applicab					
(if not applicab					
(if not applicab				····	
(if not applicab					
(if not applicab					
(if not applicab					
(if not applicab					

and the second second

The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
ino more than yo days after amenament file date)
Note: If the date inserted in this block does not meet the applicable staintery filing requirements, this date will not be listed document's effective date on the Department of State's records.
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
by
(pating 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.  APRIL 13 /2016
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 count appointed fiduciary by that fiduciary)
ABATIDAGA, NESTOR CARLOS
(Typed or printed name of person signing)
PD
(Title of person signing)