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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PUNTO SUR MANAGEMENT, INC.

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May 27, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

PUNTO SUR MANAGEMENT, INC. 9130 S. DADELAND BLVD SUITE 1509 MIAMI, FL 33156

SUBJECT: PUNTO SUR MANAGEMENT, INC.

REF: P04000059948

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II FAX Aud. #: B16000130695 Letter Number: 616A00011241

FILED PAGE SECRETARY OF STAIL DIVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation of

2016 MAY 27 PM 12: 08

PUNTO SUR MANAGEMENT, INC.	
(Name of Corpor	ation as currently filed with the Florida Dept. of State)
P04000059948	<u></u>
(Do	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Plo its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	e corporation:
	The new
name must be distinguishable and contain the v "Corp" "Inc" or Co.," or the designation "Co word "chartered," "professional association," or t	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional carporation name must contain the
B. Enter new principal office address, if applica	
(Principal office address MUST BE A STREET A	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u></u>
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing lands in the second state of the second	Registered Agent: ut. I am familiar with and accept the abligations of the position.
	lionature of New Revistered Avent. 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.

Example: X Change	<u>PT</u>	John Doc				
X Remove	¥	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) Change	PD	ABATIDAGA, NESTOR CARLOS	9130 S DADELAND BLVD			
X Add			SUITE 1509			
Remove			MIAMI FL, 33156			
2) Change	PD	MO, LUCIANO	9130 S DADELAND BLVD			
Add			SUITE 1509			
X Remove			MIAMI FL, 33156			
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Pamova						

L. <u>If amendin</u> (Attach <i>add</i>	ig or adding additional Ar hitional sheets, if necessary)	ticles, enter chan (Be specific)	ge(s) here:			
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<u>provision</u> :	idment provides for an exe s for implementing the am applicable, indicate N/A)	change, reclassific endment if not co	ation, or cancel ortained in the a	ation of issued si mendment itself:	nares.	
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SECRETARY OF STATE JIVISION OF CORPORATION

The date of each amendment(s) adoption: date this document was signed.	2016 HAY 27 PM 12: 08	, if other than the
-	5010	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will tof State's records.	li not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
The amendment(s) was/were approved b must be separately provided for each vo	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes case for the e	mendment(s) was/were sufficient for approval ,,,	
~	voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
MAY 27 2016 Dated	V	
Signature	·	
selected, by an	president or other officer — if directors or officers have not been incorporator — if in the hands of a receiver, trustee, or other court dary by that fiduciary)	
	(Typed or printed name of person signing)	
MO, LT	JCIANO	
	(Title of person signing)	