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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ATELES RERODAND The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee & □ \$35 Filing Fee **■\$43.75** Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

\(\sqrt{of} \)
Aples terdono N.D. P. A
(Name of Corporation as currently filed with the Florida Dept. of State)
P05000002308
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follow amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) # 13 GNd 114
Miani M 33175
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 4155 SW (30 aug)
#113 and 114 recon: Pl 33175
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent:
New Registered Office Address: (Florida stree address)
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
	7/19		
	ading or adding additional Articological distribution and sheets, if necessary).		
provis		ange, reclassification, or cancella dment if not contained in the am	
	D/:	<u>y</u> .	

The date of each amendment(s) a		
Effective date if applicable:	(date of adoption is required	<i>D</i>
(no	more than 90 days after amendment file da	te)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of vulfficient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting a each voting group entitled to vote separate	
"The number of votes cast t	for the amendment(s) was/were sufficient for	or approval
by	ing group)	
(voti	ing group)	
The amendment(s) was/were ade action was not required.	opted by the board of directors without shar	reholder action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without sharehol	der action and shareholder
Dated	3/16/11	
selected,	rector, president or other officer – if director, by an incorporator – if in the hands of a red of fiduciary by that fiduciary)	
	(Typed or printed name of person s	signing)
	(Title of person signing)	ctoe