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317 JUN 12 PM 3: 4

C. GOLDEN
JUN 1 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AMERICA LAYO	OUT CORP	
DOCUMENT NUMI	P05000081255		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	utter to the following:	
	MIRIAM GOMEZ		
		Name of Contact Perso	on .
	AMERICA LAYOUT CORI		
		Firm/ Company	
	2725 S.W. 102 AVENUE		
		Address	.
	MIAMI,, FLORIDA 33165		
		City/ State and Zip Cod	le
mgorr	nez@americalayout.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MIRIAM GOMEZ		at (305	606-0031
Name o	of Contact Person	Area Co) 606-0031 ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 JUN 12 PM 3:49

AMERICA LAYOUT CORP	00000	081255	TALEAHASSEE. FLÖR
		of Corporation (if known)	93
dursuant to the provisions of section 607.1 as Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporati	on adopts the following amendment
If amending name, enter the new nar	ne of the corporation:		
[/A			The new
ame must be distinguishable and conta Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associati	tion "Corp," "Inc," or	'Co". A professional co	
• •		N/A	
Enter new principal office address, if			
Principal office address <u>MUST BE A ST</u>	<u>KEET ADDKESS</u>)		
Enter new mailing address, if application	able:	NI/A	
(Mailing address MAY BE A POST O		N/A	
. If amending the registered agent and	of registered office add	race in Flarida, antar the	name of the
new registered agent and/or the new			name of the
	N/A		
Name of New Registered Agent	.		
_			
	(Florida sti	reet address)	
New Registered Office Address:			. Florida
		(City)	(Zip Code)
w Registered Agent's Signature, if cha			
nereby accept the appointment as register	red agent. I am familiar i	with and accept the obliga	itions of the position.
	Signature of New F	Registered Agent, if chang	ing

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	VICTOR M. MARRERO	12638 S.W. 26 STREET
X Add			MIRAMAR, FLORIDA 33027
Remove			
2) Change	VP	WILLIAM HERRYMAN	300 BAYVIEW DR #209
Add			SUNNY ISLES, FL 33169
X Remove			
3) Change	D	CARMEN HERRYMAN	300 BAYVIEW DR #209
Add			SUNNY ISLES, FL 33169
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			****
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional (Attach additional sheets, if necessar.	Articles, enter change(s) here: ury). (Be specific)
N/A	ry). (be specific)
F. If an amendment provides for an e provisions for implementing the a	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/A	1)
N/A	
V - 1 - 1 - 1	
	17 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2

	t(s) adoption:	, if other than the
date this document was signed	JUNE 07, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent -
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	er
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Signature	IE 07, 2017	
(B	y 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 cour pointed fiduciary by that fiduciary)	t
	MIRIAM GOMEZ	
	(Typed or printed name of person signing)	
	PRESIDENT AND REGISTERED AGENT	
	(Title of person signing)	