

P05000083553

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS INC
Account Number : I20120000058
Phone : (305) 438-7671
Fax Number : (866) 895-8710

16 JUN 23 PM 1:21
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CRISTAL JADE, INC.**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUN 23 PM 1:24

Articles of Amendment
to
Articles of Incorporation
of

CRISTAL JADE, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

PO5000083553

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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 TAX, ACCOUNTING & FINANCIAL EXPERTS INC

20900 NE 30TH AVE STE 818

(Florida street address)

New Registered Office Address: AVENTURA, Florida 33180
(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)

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	PT	RUY SENFF	21055 YACHT CLUB DR STE # 1010 AVENTURA, FL 33180
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	DIR	LEOPOLDO DE PAULA SENFF	21055 YACHT CLUB DR STE # 1010 AVENTURA, FL 33180
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	DIR	WILLER SIQUEIRA	21055 YACHT CLUB DR STE # 1010 AVENTURA, FL 33180
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 _____."
(voting 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.

Dated 06/17/2016 _____

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 court appointed fiduciary by that fiduciary)

RUY SENFF

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)