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.

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(((H130001531893)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FONSECA & ASSOCIATES, INC

Account Number : I20100000066

: (786)514-3837

Fax Number

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\*\*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 **EXOTICS COLLECTION RENTALS COMPANY** 

> Certificate of Status 0 Certified Copy Page Count 01 \$78.75 **Estimated Charge**

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Help

TO: Amendment Section
Division of Corporations

#### COVER LETTER

NAME OF CORPORATI	ION: EXOTICS COLLECTION RENTAL COMPANY
DOCUMENT NUMBERS	P06000068036
The enclosed Articles of A	mendment and fee are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	LUIS FONSECA
<del></del> -	Name of Contact Person
	FONSECA & ASSOCIATES, INC
	Firm/ Company
	456 NW 114 CT
	Address
	MIAMI, FL 33172
_	City/ State and Zip Code
	luifons0713@yahoo.com
	E-mail address: (to be used for future annual report notification)
Back de l'Arminda an	iaki
For further information co	ncerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

**\$35** Filing Fee

**LUIS FONSECA** 

□\$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)

Area Code & Daytime Telephone Number

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name of Contact Person

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

#### EXOTICS COLLECTION RENTALS COMPANY

(Name of Corporation as	currently filed with the F		
Downer	Number of Corporation (i	<del></del>	<b>-</b>
·	,	Floridu Profit Corporation adopts the followi	ng amendment(s) to
. If amending name, enter the new na	me of the corporation:		
	ation "Corp," "Inc," or "	n." "company," or "incorporated" or the Co". A professional corporation nome must P.A.". 3994 NW 27 ST	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			<del></del>
rincipal office address <u>propri bli fro</u>	MEET ADDRESS )	MIAMI, FL 33142	_
Enter new mailing address, it appli (Mailing address <u>MAY BE A POST</u> o			
. If amending the registered agent an new registered agent and/or the new			- 13
Name of New Registered Agent	LUIS FONSECA		المناسمية المستثنية والمرادات المستثنية والمرادات الم
Hame of the The Medical Co. 19 Com.	456 NW 114 C		الله (a) الله الله الله الله الله الله الله الل
	·	eet address)	
	MIAMI	, Florida 33172	
New Registered Office Address:	(City)	(Zip Code)	

Signature of New Registered Agent, if Junging

### 17120001231612

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 = Chairmon or Clerk; CEO = Chief Executive Officer; CEO = 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, ST as an Add.

Example: X.Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	- Address
I) Change		_	
Add			
Remove			
2) Change			
Add			
Remove		•	
3 )Change			
Add			
Remove			
4) Change			
Add			
Remove			···
5) Change			•
		• ,	
Remove			
6) Change	·		
Add			
Remove		•	-

. . . .

# H130001531893

Attach additional sa	heets, if necessary).	cles, enter change(s) i (Be specific)	<u>iere</u> :	
<u></u>	<del></del> -			
1177				. <u></u>
		·		
<del></del>				
<del>_</del>				
<u> </u>				<del> </del>
provisions for im	provides for an exch plementing the ame able, indicate N/A)	nange, reclassification adment if not contain	, or cancellation of i	issued shares, at itself:
				<del></del>

## H130001531893

The date of each amendment(s) adopti	ion: 06/26/2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the sharebolders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 06/26/20	13
Signature/	
selected, by	or, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court iductory by that fiductory)
JO	DRGE C CORREA
	(Typed or printed name of person signing)
Pi	RESIDENT
a parameter	(Title of person signing)