P06000139756

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
" (Cil	ty/State/Zip/Phoni	e #)
	<u> </u>	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
	<u></u>	
(Do	ocument Number)	i
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





000273601550

06/08/15--01015--007 **35.00

15 JUH-8 PH 8: 27

JUN 18 2015 C MCNAIR

Articles of Amendment to Articles of Incorporation

	Kat	-1 <u></u>
to	.4:	5
Articles of Incorpora	HOU	
		A state of the sta
A. J. KOOF GROVE C		
(Name of Corporation as currently filed	with the Florida Dept. of St	tate)
P06000139756		
(Document Number of Corpo	ration (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> s Articles of Incorporation:	a Profit Corporation adopts to	he following amendment(
. If amending name, enter the new name of the corporation:		
		TL
ume must be distinguishable and contain the word "corporation," "co	omnany" or "incorporated"	The new
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".		
ord "chartered," "professional association," or the abbreviation "P.A."		
Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
_		····
. If amending the registered agent and/or registered office address in	Florida, enter the name of t	<u>he</u>
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
Name of New Registered Agent		
(Florida street addi	ress)	
New Parietavad Office Address	T1:	(da
New Registered Office Address: (City)	, Flori	(Zip Code)
(Cily)		(Lip Coue)
lun Bani dan di Amada Cimadan Mila II Baria		
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with an	d against the obligations of the	a magitian
mereby accept the appointment as registered agent. I am jamiliar with an	x accept the obligations of the	e position.
Signature of New Register	ed 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 <math>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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	T	TORRECILLAS ALEJANDED	535 NW 58 STREET
X Add			1535 NW 58 STREET MINMI FLORIDA 33127
Remove			
2) Change			
Add			
Remove			
3) Change	· · ·	_	
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
· , , , , , , , , , , , , , , , , , , ,	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
nuarraiana tan implementing the ame	ndment is not contained in the amendment usen:
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> :	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for t by the shareholders was/were sufficient for approval.	he amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The famust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	
DatedSignature	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
AleTANDED P. GOMEZ (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	
(Title of person signing)	