

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000176056 3)))



H160001760563ABC%

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To:

Division of Corporations

Fax Number

: (850)617-6380

JUL 25 2016

From:

Account Name

: INDEPENDENT TAX SERVICE

Account Number : 120020000072

Phone

: (305)887-0001

Fax Number

: (305)884-6444

R.*YEnnet the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN 011 - CONEXION CORP.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: 011-CONEXION	CORP	
	BER: P08000015323		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	rene a Rivero		
		Name of Contact I	erson
		Firm/ Compar	
	10107 W O keechobee Road		
		Address	
	Hialeah, Fl, 33016		
		City/ State and Zip	Code
	E-mail address: (to be us	sed for future annual r	eport notification)
For further informatio	n concerning this matter, pleas	se call:	
Rene A Rivero		786 at () 556-4141 a Code & Daytime Telephone Number
Name	of Contact Person	Are	a Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida	Department of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificate of Status
Amo Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ā D C	reet Address mendment Section ivision of Corporations ifton Building ift Executive Center Circle

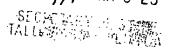
Tallahassee, FL 32301

From:

07/21/2016 15-341 5-4643 P.004/007

16 52760 000 176055-5

Articles of Amendment to Articles of Incorporation



011-Conexion Corp.	•
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P08000015323	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendments
A. If amending name, enter the new name of the corporation	<u>n:</u> .
	The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." word "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office and new registered agent and/or the new registered office add 	address in Florida, enter the name of the bress:
Name of New Registered Agent	
(Florid	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famili	
Signatura of Ma	ew Registered Agent, if changing

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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: X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Niurka D Zayas	10107 W Okeechobee Road
Add			Hialeah, Florida 33016
x Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			MATERIAL MATERIAL CONTROL CONT
5) Change	************		
Add			
Remove			
6) Change			
Add		,	
Add Remove			

From:

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If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,,,.	
·	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
····	

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	07/21/2016		
The date of each amendment(s) a date this document was signed.	doption:		_, if other than th
Effective date <u>if applicable</u> :			
((no more than 90 days a	fter amendment file date)	
Note: If the date inserted in this be document's effective date on the Do		tutory filing requirements, this date will	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number afficient for approval.	of votes cast for the amendment(s)	
	proved by the shareholders through voti each voting group entitled to vote sepa		
"The number of votes cast	for the amendment(s) was/were sufficient	ent for approval	
by	(voting group)	,n	
	(voting group)		
The amendment(s) was/were add action was not required.	opted by the board of directors without	shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without share	cholder action and shareholder	
07/21/2016 Dated Signature	Sill		
	irector, president or other officer - if di	rectors or officers have not been	-
selected	i, by an incorporator – if in the hands o		
appoint	ed fiduciary by that fiduciary)		
	Niurka D Zayas		
·	(Typed or printed name of p	ocrson signing)	
	VP/Director		
•	(Title of person	signing)	· ·