P08000054053

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

	UNIT 901 OCEAN	IVIEW INC				
NAME OF CORPO	RATION: UNIT 901 OCEAN					
DOCUMENT NUM	BER: P08000054053					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this mat	ter to the following:				
	RACHEL MOREAU-DAVII	_A				
		Name of Contact Person	1	_		
	LAW OFFICE OF JUDITH I	DAVILA-NELSON				
		Firm/ Company				
	5710 WEST IH-10					
Address						
SAN ANTONIO, TEXAS 78201						
		City/ State and Zip Code	e			
rach	el@davila-nelson.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	on concerning this matter, pleas	e call:		120	ਲੀ	
RACHEL MOREAU	J-DAVILA	at (210	299-1300		15 JUL -8	**
Name	of Contact Person		de & Daytime Telephone Num	ber	OD:	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		27.7.7. 27.7.7.	
₹ \$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)		b: 52	
Απ Div	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UNIT 901 OCEANVIEW, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P08000054053	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	and a
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	20900 NE 30TH AVENUE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 100
	AVENTURA, FLORIDA 33180
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 and the second seco	
new registered agent and/or the new registered office addre	ss:
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	Florida CT
New negigiered Office Madress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position. 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)

Example:

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	D	RAFAEL OLVERA AMEZCUA	1000 BRICKELL AVENUE
Add			SUITE 400
X Remove			MIAM, FLORIDA 33131
2) Change	PTSD	RAFAEL OLVERA SILVA	3519 PAESANOS PKWY
X Add			SUITE 100
Remove			SAN ANTONIO, TEXAS 78231
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
(Attach adamonal sneets, if necessary). (Be specific)
$n\alpha$
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
1
n (a

The date of each amendment(s) adoption:	_, if oth	her th	an the
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 document's effective date on the Department of State's records.	not be l	listed	as the
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)			
(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.			
June 15, 2015 Dated			
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	i		
appointed fiduciary by that fiduciary)	í č	.A. 71	
Rafael Olvera Silva	ر د د		w : 27
(Typed or printed name of person signing)		1 CD	
Director		-+) -31	a*****.
(Title of person signing)		1	٠.