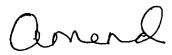
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COVER LETTER

TO: Amendment Section **
Division of Corporations

NAME OF COR	PORATION: 1676 INVESTMEN	NTS CORP.	
	MBER: P0900003418		
	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	MARIA I. VICTORIANO		
		Name of Contact Persor	1
	1676 INVESTMENTS COR	P	
		Firm/ Company	
	9700 SW 104 STREET		
		Address	
	MIAMI, FL 33176		
	44.202	City/ State and Zip Cod	e
N	IARISOL@USAENCARGO.COI	A.A.	
	ŭ	sed for future annual report	notification)
	E-man address. (to be us	sed for future annual report	Hotticationy
For further inform	ation concerning this matter, pleas	se call:	
MARIA I. VICTO	PRIANO	at (³⁰⁵	788-3609
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	e □\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301



June 1, 2015

Maria I. Victoriano 1676 Investments Corp 9700 SW 104 Street Miami, FL 33176

SUBJECT: 1676 INVESTMENTS CORP

Ref. Number: P0900003418

We have received your document for 1676 INVESTMENTS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one of the boxes under adoption of amendment on page 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 815A00011439



· · · Articles of Amendment to · Articles of Incorporation of

FILED

(Name of Cornoratio	ore 113 12 AM 11: 13
(Italic of Corporatio	on as currently filed with the Florida Dept. of State)
P0900003418	TOPE TOPE STATE
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name of the cor	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent New Registered Office Address:	(Florida street address) , Florida (City) (Zip Code)

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	<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	PS	MARIA I. DE ARCOS	P.O. BOX 160969
Add			MIAMI, FL 33177
X Remove			
2) Change	PS	MARIA I. VICTORIANO	P.O. BOX 160969
X Add			MIAMI, FL 33177
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment isself: (if not applicable, indicate N/A)	·				
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	(if not applicable, indicate N/A)				
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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 the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s e sufficient for approval.)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	" (voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	г
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
MAY 1 Dated	Dulolian .	
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	MARIA I. VICTORIANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	.