P0900035891

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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECULE ARY OF STATE ASSIDATION OF THE STATE ASSIDATE ASSIDATE.

Amend

JUL 0 9 2014 T. CARTER

COVER LETTER

Division of Corporations NAME OF CORPORATION: Camayd Consultants, Inc DOCUMENT NUMBER: P09000035891 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Arthur Camayd Name of Contact Person Camayd Consultants, Inc. Firm/ Company 8030 SW 99 Ave Address Miami, FI 33173 City/ State and Zip Code artcamayd@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Arthur Camayd Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address**

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

TO: Amendment Section

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

Articles of Amendment Articles of Incorporation of



Camay	νd	Consultant	s Inc
J ania	_	COLICATION	

14 JUN 23 Pii 4: 14

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P09000035891		
(Document Number of Corpora	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corporatio</i>	n adopts the following amendm
A. If amending name, enter the new name of the corporati	ion:	
	111111111111111111111111111111111111111	The nev
name must be distinguishable and contain the word "corp," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	" or "Co". A professional corp	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applicable:		
(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)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the	name of the
Name of New Registered Agent		
	· · · · · · · · · · · · · · · · · · ·	
	orida street address)	
New Registered Office Address:	Flor	rida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am factorists	Agent: miliar with and accept the obliga	tions of the position.
,	,	2 1
		

Signature of New 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)

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 Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally Si	<u>nith</u>			
Type of Action (Check One)	Title		Name		Address	
1) Change	VD		Abraham Camayd		8030 SW 99 Ave	
Add					Miami, FI	
Remove					33173	
2) Change	TD	_	Ramon Camayd		8030 SW 99 Ave	
Add					Miami, FL	
Remove					33173	
3) Change						
Add		_		. _		
Remove						
4) Change						
Add						
Remove						. .
5) Change		 -				
Add						
Remove						
6) Change						
Add		 , -				•
Remove						

f amending or adding additional A Attach additional sheets, if necessary,				
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			.	
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		<u></u>		
				
				
				· · ·
f an amendment provides for an ex provisions for implementing the an (if not applicable, indicate N/A)	<u>change, reclassific</u> nendment if not co	ation, or cancella ntained in the an	ition of issued sha nendment itself:	ıres,
				

The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date if applicable:		
Enecuve date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	red by the shareholders through voting groups. The following statement ch 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)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
Dated 6/20/2014		
Signature	follow	
selected, b	of the president or other officer – if directors of officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Ar	thur Camayd	
_	(Typed or printed name of person signing)	
Pr	resident	
_	(Title of person signing)	