## P090000037588

| (                    | Requestor's Name)       |        |
|----------------------|-------------------------|--------|
|                      | Address                 |        |
| (                    | Address)                |        |
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|                      |                         |        |
| (                    | City/State/Zip/Phone #) |        |
| PICK-UP              | WAIT                    | MAIL   |
|                      | Business Entity Name)   |        |
|                      |                         |        |
| (                    | Document Number)        |        |
| Certified Copies     | Certificates of         | Status |
| Special Instructions | to Filing Officer:      |        |
|                      |                         |        |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |   | •  |
|--|---|--|
| NAME OF CORPORATION: SE CAPITA   | L AGENCY  | / INC  |
| DOCUMENT NUMBER: <b>2</b> 0900003758   |   |  |
| The enclosed Articles of Amendment and fee are submi   | tted for filing.  |  |
| Please return all correspondence concerning this matter  | to the following:   |  |
| Vanessa Elmale   | n   |  |
|  | Name of Contact Perso   | on   |
|  |   |  |
|  | Firm/ Company   |  |
| 407 Lincoln rd   |   |  |
|  | Address   | <del></del>  |
| Miami FI 33139   |   |  |
|  | City/ State and Zip Cod   | de   |
| usavisa55@yahoo.d  | com   |  |
| E-mail address: (to be used  |   | t notification)  |
| · ·  | •   |  |
| For further information concerning this matter, please ca                                      | dl:   |  |
| Vanessa Elmaleh  | <sub>at (</sub> 786   | 423-3838<br>ode & Daytime Telephone Number   |
| Name of Contact Person   | Area Co   | ode & Daytime Telephone Number   |
| Enclosed is a check for the following amount made paya   | ıble to the Florida Dep   | partment of State:   |
| Certificate of Status  | 1\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>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 | Amen<br>Divisi<br>Cliftor<br>2661 I   | t Address dment Section on of Corporations n Building Executive Center Circle massee, FL 32301 |

## **Articles of Amendment** to Articles of Incorporation of

| •   |  |   |
|---|--|---|
| ,   |  | in the second                             |
| •   |  | 12 11/200                                 |
| •   | Articles of Amendment  |   |
|   | to   |   |
|   | Articles of Incorporation  | 11 11/1/2                                 |
| ), <b>-</b> •   | of   | 19 16 16 16 16 16 16 16 16 16 16 16 16 16 |
| <del>SE</del> -CAPITAL A                                      | AGENCY INC.  | G. C. |
| (Name of Cor  | poration as currently filed with the Florida Dept. of State)                                 |   |
| P09000037588  | 3  |   |
| :   | (Document Number of Corporation (if known)   | _   |
| Pursuant to the provisions of sits Articles of Incorporation: | section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follow | ing amendment(s) to                       |
| A. If amending name, enter                                    | the new name of the corporation:   |   |

| nter new principal office address, if app  | licable:   |   |
|--|--|---|
| cipal office address <u>MUST BE A STREE</u>  |  | <del></del>                                   |
|  |  |   |
|  |  |   |
| nter new mailing address, if applicable:   |  |   |
| ailing address MAY BE A POST OFFICE  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
| ,  | registered office address in Flor                | ida, enter the name of the                    |
| amending the registered agent and/or rew registered agent and/or the new regi                                |  | ida, enter the name of the                    |
| amending the registered agent and/or r<br>w registered agent and/or the new regi                             |  | ida, enter the name of the                    |
| amending the registered agent and/or r   |  | ida, enter the name of the                    |
| amending the registered agent and/or rew registered agent and/or the new regi                                |  | ida, enter the name of the                    |
| amending the registered agent and/or row registered agent and/or the new region Name of New Registered Agent | stered office address:  (Florida street address) |   |
| nmending the registered agent and/or r<br>w registered agent and/or the new regi                             | stered office address:  (Florida street address) | ida, enter the name of the  Florida(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:                   |              | John Dog      |                     |
|----------------------------|--------------|---------------|---------------------|
| X Change                   | PT           | John Doc      |                     |
| X Remove                   | <u>V</u>     | Mike Jones    |                     |
| X Add                      | <u>sv</u>    | Sally Smith   |                     |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>   | <u>Addres</u> s     |
| 1) Change                  | VP           | SONIA ELMALEH | 407 LINCOLN RD #12f |
| Add                        |              |               | MIAMI FL 33139      |
| Remove                     |              |               |                     |
| 2) Change                  |              |               |                     |
| Add                        |              |               |                     |
| Remove                     |              |               |                     |
| 3) Change                  |              | _             |                     |
| Add                        |              |               |                     |
| Remove                     |              |               |                     |
| 4) Change                  |              |               |                     |
| Add                        |              |               |                     |
| Remove                     |              |               |                     |
| 5) Change                  |              |               |                     |
| Add                        |              |               |                     |
| Remove                     |              |               |                     |
| 6) Change                  |              |               |                     |
| Add                        |              |               |                     |
| Remove                     |              |               |                     |

| .acn <i>aaamonai she</i> | ng additional Articlets, if necessary). | (Be specific)           |                    |                    |     |
|--------------------------|---|-------------------------|--------------------|--------------------|-----|
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| in amendment pro         | ovides for an excha                     | nge, reclassifica       | tion, or cancellat | ion of issued shar | es, |
| ovisions for impla       | ementing the amend                      | <u>dment if not con</u> | tained in the am   | endment itself:    |     |
|                          | e, maicure 1974)                        |                         |                    |                    |     |
| (if not applicable       |   |                         |                    |                    |     |
|                          |   |                         |                    |                    |     |
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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)   |                     |
| Adoption of Amendment(s) (CHECK ONE)   |                     |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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)   |                     |
| 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.   |                     |
| Dated 8/5/2014   |                     |
| Signature  |                     |
| (By a director, president ir other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | _                   |
| VANESSA ELMALEH  |                     |
| (Typed or printed name of person signing)  |                     |
| PRESIDENT  |                     |
| (Title of person signing)  | -                   |