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R. WHITE

MAY 2 A 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

HAME OF CORPORATION: Tara Derenoncourt P.A.
OCUMENT NUMBER:
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Tara Derenoncourt  Name of Contact Person  Tara Derenoncourt PA  Firm/ Company  15405 SW 1032D Place  Address  Miami, FW 33157  City/ State and Zip Code  Tara Derenoncourt PA @gmail: Com  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Tara Durenoncourt at (732) 532 5918  Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## on

FILED

١	ticles	of	Incorporatio

, .	of	18 HAY 22 AM 10: 00	
Tara Deren	onrount P.	A. SPORDIARY DE MAIR	
(Name of Corporat	tion as currently filed wit	h the Florida Dept. of State) IDA	
P100000	2757		
(Docu	ment Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Pr</i>	rofit Corporation adopts the following amend	ment(s) to
A. If amending name, enter the new name of the c	corporation:		
NIA		The n	ρw
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p, " "Inc," or "Co". A p	pany," or "incorporated" or the abbreviati	ion
B. Enter new principal office address, if applicable			_
(Principal office address <u>MUST BE A STREET AD</u>	DRESS )	NIA	
			_
	-		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	av.		
(Maning address MAT BE A FOST OFFICE BO	<u></u>	0(10	-
		PIA	
	<del>-</del>		_
D. If amending the registered agent and/or registe	ered office address in Flor	rida, enter the name of the	
new registered agent and/or the new registered			
Name of New Registered Agent	NIA		
	•		
	(Florida street address)	)	
New Registered Office Address:	NIA	, Florida(Zip Code)	
	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Re	aistared Agent.		
I hereby accept the appointment as registered agent.		ccept the obligations of the position.	
	N/^		
	nature of New Registered A	Agent, if changing	
Sig.	og reer megiatered r	-0 7	

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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			<del></del>
3) Change		_	<u>.</u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

Please Change Article 2 - Purpose Of Business
Please change Article 2 - Purpose Of Business from "The Corporation shall engage in the
practice of real estate."
To "The corporation shall engage in any
activity or business permitted under the
laws of the United States and the
State of Florida."
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)

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

the date of each amendment(s) adoption:	an.1,2016	, if other than the
date this document was signed.  Effective date if applicable:	1   16  ore than 90 days after amendment file date)	
(no mo	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's re-		this date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u> )	
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.		iment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en		
"The number of votes cast for the amendment(s)	) was/were sufficient for approval	
by(voting group		
(voting group	<i>(p)</i>	
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder	reholder
The amendment(s) was/were adopted by the incorpora action was not required.	ators without shareholder action and shareholder	lder
Dated5 15 18	— <del>—</del>	
Signature tar Pu	4	
·	other officer - if directors or officers have no	ot been
	- if in the hands of a receiver, trustee, or oth	er court
appointed fiduciary by that f	fiduciary)	
Ta	ira Derenon court	
	r printed name of person signing)	
	PSD	
<del></del>	(Title of person signing)	