6/11/2018



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MARILI CANCIO JOHNSON P.A.

Account Number : I20160000073 Phone : (305)967-6329 Fax Number : (305)470-7453

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

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Help

13054707453 From Marili Cancio Johnson

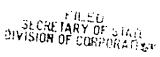
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COVER LETTER

TO: Amendment Section Division of Corpo				
NAME OF CORPOR	ATION:	tdamar Co	orp.	
DOCUMENT NUMB	KR:	<u>~10000006</u>	R8'25	
The enclosed Articles of	of Amendment and fee are st	abmitted for filing.		
Please return all corresp	oondence concerning this ma	atter to the following:		
-	/4 /30 /no	Name of Contact Person Name o	o Johnson PA Ave #650 FL 33131	ا <u>.</u>
For further information	concerning this matter, pleas		notification)	
Marili	Canclo Contact Person		SOD-2332 de & Daytime Telephone Number	ب
Enclosed is a check for	the following amount made			٠
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	U\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy	
			is enclosed)	
	ng'Address dment Section		Address ment Section	

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

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



Articles of Amendment

MIN HIN IS DM I

	to	•	THE POWER TO SERVICE OF
	Articles of Incorporati of	ion	
A = I.	7	- A	
	mar Co	r.f.).	
(Name of Corporati	on as currently filed w	itly the Florida Dept. of	f State)
P1000	0002825		
(Досця	nent Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this Florida F	Profit Corporation adopt	ts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	" "Inc." or "Co". A	ywny," or "incorporat professional carporatio	ed" or the abbreviation n name must contain the
B. 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 BQ	(X)	7499 Colli	ns Ave.
		Apt 4-11	El 2215/1
		DITTSIZE	, 1 L 331.3 4
 If amending the registered agent and/or register new registered agent and/or the new registered 	ed office address in Flo office address:	orida, enter the name o	fthe
Name of New Registered Agent			
			
	(Florida street address	·	
		,	
New Registered Office Address:	(City)	, Eld	orida (Zip Code)
	ענייבו		(гір Сойғ)
New Registered Agent's Signature, if changing Regi	istered Agent:		
hereby accept the appointment as registered agent.	і ат затяват with and a	ecept the obligations of i	ine position.

Signa	iture 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 Evacutive 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>\$v</u>	<u>Şully S</u> mith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	itional sheets, if necessar,	y). (Be specific)			
					
					
					
			· <u>-</u> .		
					
					
					
. If an ainen	ment provides for an ex	change, reclassitie	ntion, or cancella	tion of issued shi	iręs,
provisions	for implementing the au	nendment if not co	intained in the an	endment itself:	
(म्) महार	applicable, indicate N/A)				
					
·					
	,				
					•

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<u> </u>
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.	I not be 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	
by	
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	
Signature VillA	
(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 count appointed fiduciary by that fiduciary)	
RI JUAN CARIOS IDANI	<i>)</i> ·
(Typed or printed name of person signing)	
DiRector	
(Title of person signing)	