# P10000051669

| (Re                                     | questor's Name)  | 1           |  |  |
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| (Cit                                    | y/State/Zip/Phon | e #)        |  |  |
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#### **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** ASSEMBLE, INC. NAME OF CORPORATION: P10000051669 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cara Gilson Name of Contact Person Assemble, Inc. Firm/ Company P.O. Box 5164 Address Fort Lauderdale, FL 33310-5164 City/ State and Zip Code info.assemble@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 865-1544

Area Code & Daytime Telephone Number Cara Gilson 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 Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

### Assemble, Inc.

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

#### P10000051669

ment(s) to

| (Documer   | nt Number of Corporation (if I | (nown)                             |                           |
|--|--------------------------------|------------------------------------|---------------------------|
| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 1006, Florida Statutes, this F | loridu Profit Corporation a        | dopts the following amend |
| A. If amending name, enter the new na  | ame of the corporation:        |                                    | The n                     |
| name must be distinguishable und con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | nation "Corp," "Inc," or "C    | o". A professional corpor          |                           |
| B. Enter new principal office address,<br>(Principal office address <u>MUST BE A S</u>                                     |                                | N/A                                |                           |
|  |                                |                                    |                           |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                    |                                | N/A                                |                           |
|  |                                |                                    |                           |
| D. If amending the registered agent an new registered agent and/or the new   |                                | ss in Florida, enter the na        | me of the                 |
| Name of New Registered Agent   | Eric Katz                      |                                    |                           |
|  | 1451 West Cypress              | Creek Rd, Ste 300                  | -<br>)                    |
|  | (Florida stree                 | t address)                         | -                         |
| New Registered Office Address:   | Fort Lauderdale                | , Florida                          | ,33309                    |
|  | (City)                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (Zip Code)                |
| New Registered Agent's Signature of  | hanging Registered Agent:      | )                                  |                           |
| hereby accept the appointment as regist  |                                | h and accept the obligation        | is of the position.       |
| _ha.   | . [ ]                          |                                    | _                         |
| Sig  | gnature of New Registered Ag   | ent, if changing                   | _                         |

| address of each Office<br>(Attach additional sheet<br>Please note the officer/of<br>P = President; V= Vice<br>Executive Officer; CFC<br>held. President, Treasu. | r and/or Director (s, if necessary) director title by the e President; T= Ti ) = Chief Financi rer, Director woul ed in the following eaves the corpora | e first letter of the office title: reasurer; S= Secretary; D= Director; T al Officer. If an officer/director holds to d be PTD. rmanner. Currently John Doe is listed a tion, Sally Smith is named the V and S. S. | fficer/director being removed and title, name, and  FR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change, |
|--|---|---|---|
| X Change   | <u>PT</u> <u>John</u>   | <u>Doe</u>  |   |
| X Remove   | <u>V</u> <u>Mike</u>  | Jones   |   |
| X Add  | <u>SV</u> <u>Sally</u>  | Smith   |   |
| Type of Action<br>(Check One)  | <u>Title</u>  | Name  | <u>Addres</u> s   |
| 1) Change  | PST   | Adriana R. Harrison   | P.O. Box 5164   |
| Add Remove   |   |   | Ft Lauderdale, FL 33310-51  |
|  | PST   | Cara Gilson   | P.O. Box 5164   |
| 2) Change Add  |   |   | Ft Lauderdale, FL 33310-5   |
| Remove   |   |   |   |
| 3) Change  |   |   |   |
| Add  |   |   |   |
| Remove   |   |   |   |
| 4) Change  |   |   |   |
| Add  |   |   |   |
| Remove   |   |   |   |
| 5) Change  |   |   |   |
| Add  |   |   |   |
| Remove   |   |   |   |
| 6) Change  |   |   |   |
| Add  |   |   |   |
| Remove   |   | Page 2 of 4   |   |
|  |   |   |   |
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|  |   |   |   |
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|  |   |   |   |
|  |   |   |   |
| F. If an amendment pro<br>provisions for imple<br>(if not applicable   | menting the ame   | ange, reclassification, or cancellation<br>ndment if not contained in the amendi  | <u>of issued shares.</u><br>ment itself:  |
| N/A  |   |   |   |
|  |   |   |   |
|  |   |   |   |
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| The date of each amendment(s) ad                                   | option;   | , if other than th |
|--|---|--------------------|
| date this document was signed.                                     |   |                    |
| Effective date <u>if applicable</u> :                              |   |                    |
|  | (no more than 90 days after amendment file date)  |                    |
| Adoption of Amendment(s)   | (CHECK ONE)   |                    |
| The amendment(s) was/were adop<br>by the shareholders was/were suf | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.   |                    |
|  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |                    |
| "The number of votes cast f  | for the amendment(s) was/were sufficient for approval   |                    |
| by   | (voting group)  |                    |
|  | (voting group)  |                    |
| The amendment(s) was/were adopaction was not required.             | nted by the board of directors without shareholder action and shareholder   |                    |
| The amendment(s) was/were adoption was not required.               | oted by the incorporators without shareholder action and shareholder  |                    |
| 10-2   | 9-14  |                    |
| Dated 10-2   | Tour Allen  |                    |
| Signature (By a di   | rector, president or other officer – if directors or officers have not been   | <del></del>        |
|  | , by an incorporator – if in the hands of a receiver, trustee, or other court   |                    |
| appointe   | ed fiduciary by that fiduciary)   |                    |
| ,  | Cara Gilson   |                    |
| -  | (Typed or printed name of person signing)   |                    |
|  | Ausdent   |                    |
| _  | (Title of person signing)   |                    |