# P100000013453

(Re	equestor's Name)	
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SECRETARY OF STATE
SECRETARY OF STATE
STORE OF COMPOSE A LICHS

Amend 10 4/19/13

#### **COVER LETTER**

Division of Corporations License and Permit Solutions Inc. NAME OF CORPORATION: P10000073653 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Perla Celis

Name of Contact Person 4453 SW 13th Terrace Miami FL 33134
City/ State and Zip Code l'censeperla a gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Parla Celis at ( 786 ) 4890123 Area Code & Daytime Telephone Number 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

#### **Mailing Address**

TO: Amendment Section

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

#### Street Address

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

is enclosed)

### Articles of Amendment

## to Articles of Incorporation of

License and P	Permit	Solutions	Inc.	_
(Name of Corporation as currently				
P10000073653				_
(Document Number of	of Corporation (if	`known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:		Florida Profit Corporation	on adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	rp," "Inc," or "( e abbreviation "I	Co". A professional coi		
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD				<b>-</b>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>ox</u> )		···	13 Me 15 AHII: 56
D. If amending the registered agent and/or registence new registered agent and/or the new registered	d office address:		name of the	HII:56
Name of New Registered Agent Jul	an M.	Ramirez		
	53 50 (Florida stre Mian	<b>_</b> •		
New Registered Office Address:	(City)	7/, Flo	rida(Zip Code)	_
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar w	ith best decept the obliga	ntions of the position.	٠
Signature of N	New Registered A	geht, Kchanging	<u> </u>	

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 <math>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	PT J	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Perla Celis	4453 SW 13th Tenace
Add			Miami FL 33134
_★ Remove			
2) Change Add	<u> P</u>	Juan M. Ramirez	4453 SW 13th Terrace Miami PL 33134
Remove			·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	··

The date of each amendment(s) adoption: $04/04/20/3$		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	04/04/2013 Felis	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Perla Celis	
	(Typed or printed name of person signing)  President	
	(Title of person signing)	