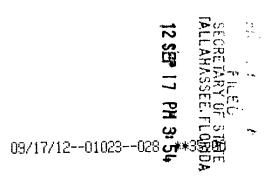
P1000018789

(Re	equestor's Name)	
(Ad	dress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



600239475386



9/18/12 RW Amend

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	ATION:ELEVENTH	STREET VENTURE	S_INC
DOCUMENT NUMBE	ER: <u>P1000007</u>	8789	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Norman Mali	neki	
_		Name of Contact Person	n
-		Firm/ Company	
_	2875 N.E. 19	l Street, Suite	508
		Address	
-	Aventura, Flo	Orida 33180 City/ State and Zip Cod	e
	nm@nmlawf: E-mail address: (to be us	irm.net sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Norm	an Malinski	at (305) 937-4242
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the	
P10000078789	·
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2875 N.E. 191 Street, #508
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Aventura, Florida 33180
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2875 N.E. 191 Street, #508
	Aventura, Florida 33180
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	88:
Name of New Registered Agent Norman Mal	inski
	191 Street, Suite 508 treet address)
New Registered Office Address: Aventura, (City	, Florida 33180 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian Signature of New Registered	with and accept the obligations of the position.

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	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	P_	GEORGE T. STEVENS	1320 SE 12 Street
Add			Ft. Lauderdale, FL 33316
X Remove			
2) Change	P/S	Norman Malinski	2875 N.E. 191 Street, #508
X Add			Aventura, FL 33180
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amendia (Attach add	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)
•	ALIA
	N /)
	· · · · · · · · · · · · · · · · · · ·
F. <u>If an ame</u> i	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provision	ns for implementing the amendment if not contained in the amendment itself: ot applicable, indicate N/A)
(3 1.0	N/A
	
	·

The date of each amendment(s)	adoption: 9/12/2012
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 ac 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):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were 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 Se	ptember 12, 2012
Signature	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Norman Malinski
	(Typed or printed name of person signing)
	President/Secretary
	(Title of person signing)