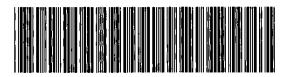
## P10000086112

(Re	equestor's Name)			
(Ad	dress)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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Amenda

## **COVER LETTER**

- T

Division of Corporations		•			
NAME OF CORPORATION:	Noc	MIA	Coel		
DOCUMENT NUMBER:	P100	0000	36117	7	·· <del>·</del>
The enclosed Articles of Amendme	nt and fee are sub	mitted for filing.			
Please return all correspondence co.	ncerning this matt	er to the following	;		
	J08:		₩6.		
72	RANG	Name of Contac		P. A.	
MZO	WAshi	NQ ton	`.	we Hird	floor
Mia	HMi B	Address EACH	FL.	33 13	9.
		City/ State and Z	Ť	_	
	•	ed for future annua	,		<del></del>
C-man a	iddress. (to be use	d for future armua	rreport nour	içation)	
For further information concerning	this matter, please	e call:			
	AMPEL		186	245 51	<del>18</del> .
Name of Contact Pe	rson	A	Area Code &	Daytime Telephone	Number
Enclosed is a check for the following	ig amount made p	ayable to the Flori	da Departme	nt of State:	
	5 Filing Fee & icate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	by is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section			
Division of Corpo			Division of	Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



or 0 0 0	3,5
NORTALIA COEP.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P100000 86 112	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amits Articles of Incorporation:	endment(s) to
A. If amending name, enter the new name of the corporation:	
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contemporate word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent STRANG ADAMS   P. A.    130 WAShington Avenue	
New Registered Office Address: MIAMI BEACH, Florida 33139 (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature 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 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 Do	<u>c</u>		
X Remove	<u>v</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1)Change		_		-	
Add					
Remove					
2) Change	<del></del>			-	
Add					
Remove				,	
3 ) Change		_	<del></del>		
Add					
Remove					
4) Change				_	
Add					
Remove					
5) Change					
Add				·	
Remove					
6) Change		_		-	
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
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	-
	ange reclassification as cancellation of issued shares
<u>I an amendment provides for an exch</u>	anke' leciassilication' of catteriation of issued situies'
provisions for implementing the ame	ndment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the ame	ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) a	doption:	9 / 10 /2012
Effective date <u>if applicable</u> :		9/10/2012
<u> </u>	(no more than 90	days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su		number of votes cast for the amendment(s)
		ugh voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were	sufficient for approval
by	(voting group)	***
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors	without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators with	out shareholder action and shareholder
Dated	9/10/2012	— 1 D-//
Signature		1/4/
selecte		er – if directors or officers have not been hands of a receiver, trustee, or other court
	PASSO M	GAMPEL
	(Typed or printed n	name of person signing)
	REGISTERE	D AGENT.
	(Title of person	signing)