P11000023646

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

			T CORPORATION
DOCUMENT NUMBI	er: <u>P11</u> 000023	00 10	
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:	
	JANE MAIA	Name of Contact Person	1
Name of Contact Person DUVE KOT CORPORATION Firm/ Company			
200 S. ANDREWS AVENUE - SUITE 101			
FORT LAUDER DALE, FL 33301 City/ State and Zip Code			
ADMING DIVEKOT. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JANE MAIA	Contact Person	at (<u>305</u> Area Co	de & 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 & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maile	no Addraec	Ctrant	Address

Mailing Address

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

Articles of Amendment to . Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	
P11000023646	
(Document Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". word "chartered," "professional association," or the abbreviation "P.A"	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SE T
	N L
	# D
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
(Florida street add	ress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment os registered agent. I am familiar with an	d accept the obligations of the position.
Signature of New Registered Agent,	il 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.

Mike Jones, V as Ken	nove, and Sauy Smi	m, Sv as an Ada.	
Example: X Change	<u>PT</u> John	Doe	
X Remove	<u>V</u> Mik	ę Jones	
X Add	<u>SV</u> Sally	y Sm <u>u</u> th	
Type of Action (Check One)	Title	Name	Address
1) X Change	P,D	ANGELO GUERRA NETT	0 671 NW 4TH AVENCE
Add			SUITE BH
Remove			FORT LAUDERDALE, FL 3330
2) X Change	T,S,D	EDUARDO SCARPELLINI	671 NW 4TH AVENUE
Add	, ,		SUTTE BAL
Remove			FORT LAUDERDALE, FL 33301
3) Change			
Add			
Remove			
			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
Kemove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles (Attach additional sheets, if necessary). (B	s, enter change(s) Be specific)	here:		
* OFFICER/DIRECTOR	DETAIL	SHOULD	BE AS	FOLLOW:
P.D.				
GUERRA NETTO ANGE	10			
270				
SCARPELLINI, EQUARD				
				· · ·
	· 			
F. If an amendment provides for an exchang provisions for implementing the amendment (if not applicable, indicate N/A)				res,
provisions for implementing the amendm				res,

The date of each amendment(s) adoption: date this document was signed.	, if other than the
(no more than 90 days after amendment file date)	
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 east for the amendment(s) was/were sufficient for approval	
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 07/11/2013	
(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, of other court appointed fiduciary by that fiduciary)	_
ANGELO GUERRA NETTO (Typed or printed name of person signing)	_
VICE - PRESIDENT, (Title of person signing)	_
(cite of perior signing)	