Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I2000000257 Phone : (850)224-8870

Fax Number : (850)222-1222

Enter the email address for this business entity to be used for fatural annual report mailings. Enter only one email address please.

| Email | Address: | T. |
|-------|----------|-----|
| | | 434 |

COR AMND/RESTATE/CORRECT OR O/D RESIGN

N.H.L.S. II, INC.

| Certificate of Status | 0 |
|-----------------------|--------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | S35.00 |

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Abend

11/7/12

Articles of Amendment

| | to Articles of Incorpor | uattou. | | 31 1 |
|---|---|----------------------------|-------------------|--|
| | of | L#11011 | | |
| N.H.L.S. II, INC. | | | | ing the second |
| (Name of Corporation as current | ly filed with the Florid | n Dept. of State) | | |
| P11000036314 | | | | A THE STATE OF THE |
| (Document Number | er of Corporation (if know | wn) | | |
| Pursuant to the provisions of section 607.1006, Fluits Articles of Incorporation: | orida Statutes, this <i>Floria</i> | da Profit Corporation ado | pts the following | amendment(s) to |
| A. If amending name, enter the new name of the | te corporation: | | | |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or | Corp." "Inc." or "Co". | A professional corporati | gred" or the ab | The new breviation ontain the |
| B. Enter new principal office address, if applie (Principal office address MUST BE A STREET. | | | | • |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | : BOX) | | | |
| D. If amending the registered agent and/or reg new registered agent and/or the new register | <u>istered office address li</u> red office address <u>:</u> | n Florida, enter the name | of the | |
| Name of New Registered Agent | | | | |
| | (Florida street ad | dress) | | |
| New Registered Office Address: | | , Florida | | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing | Registered Agent | | | |
| I hereby accept the appointment as registered age | ent. I am familiar with a | ind accept the obligations | of the position. | |
| · | | | | |
| Signature : | of New Registered Agent | , if changing | | |

address of each Officer and/or Director being added;

(Anach additional sheets, if necessary)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

| P = President; V= Vil Executive Officer; CF held. President, Treas Changes should be no | ce President; T= O = Chief Financ urer, Director woo ted in the followin leaves the corpor | cial Officer. If an officer/director holds more uld be PTD. ig manner. Currenily John Doe is listed as th ation, Sally Smith is named the V and S. These | Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is s should be noted as John Doe, PT as a Change. |
|--|--|---|--|
| Example: X Change | | n Doe | |
| X Remove | <u>У Мік</u> | e Jones | |
| X Add | SY Sall | y Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | <u>P</u> | DOTTIE HOLTERMAN | 147 ALHAMBRA CIR #100 |
| Add X Remove | | | CORAL GABLES, FL 33134 |
| 2) Change | P | RICHARD DREILING | 147 ALHAMBRA CIR #100 |
| X | | | CORAL GABLES, FL 33134 |
| Remove | | • | |
| 3) Change | | | |
| Add | | | |
| Remove | | · | |
| 4)Change | ` | · | |
| Add | | | |
| Remove | | | |
| . | | | |
| 5) Change | | | |
| Add | | • | |
| Remove | | | · · · · · · · · · · · · · · · · · · · |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| (Attac | nendling or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific) |
|------------------------------|---|
| N/A | |
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| . <u>If ar</u> PEO V/A | amendment provides for an exchange, reclassification, or cancellation of issued shares, politions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
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| The date of each amandman | nt(s) adoption: 11/6/12 |
|---|--|
| | 44 <i>[6]</i> 47 |
| Effective date <u>if applicable</u> | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| | vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s): |
| "The number of vo | tes cast for the amendment(s) was/were sufficient for approval |
| ъу | (voting group) |
| | ere adopted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/v action was not required. | vere adopted by the incorporators without shareholder action and shareholder |
| Dated 11 | COLL |
| , | (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, or other court appointed fiduciary by that fiduciary) |
| | Richard Dreiling |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person similar) |