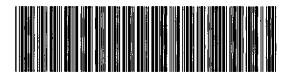
P11.000053195

(Re	questor's Name)	
(Add	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	CLARE MITCHELL,	INC.		
DOCUMENT NUMBER:	P11000053195			
The enclosed Articles of Amendm	ent and fee are submitted f	for filing.		
Please return all correspondence co	oncerning this matter to the	e following:		
	<u> </u>			
	Name	of Contact Person		
	Elliott Harris	s, P.A.		
		irm/ Company		
	111 SW 3 Stree	t		
	Sixth Floor			
		Address		
	Miami, Florida	33130		
	City/ S	State and Zip Code		
112	a@eharrispa.com			
	address: (to be used for fu	ture annual report no	otification)	
For further information concerning	this matter, please call:			
Elliott Harr	ris	305 at (358-0146	
Name of Contact Po	erson	Area Code	& Daytime Telephone Number	
Enclosed is a check for the followi	ng amount made payable to	the Florida Depart	ment of State:	
	ficate of Status Certi (Add	75 Filing Fee & fied Copy itional copy is osed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addres		Street A		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL	32314		cutive Center Circle	
		Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

CLARE MITCH	iell, inc.
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P1100005319	
(Document Number of Corporation (if	The state of the s
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	Ź
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Gword "chartered," "professional association," or the abbreviation ".	Co". 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>)	10155 Collins Avenue
(Trincipal office dadress most be A STREET ADDRESS)	Apt. 710
	Bal Harbor, FL 33154
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10155 Collins Avenue
	Apt. 710
	Bal Harbor, FL 33154
D. <u>If amending the registered agent and/or registered office addr</u> new registered agent and/or the new registered office address:	
Name of New Registered Agent Elliott Harris	
111 SW 3 Street,	
<u>Miami, Florida 3</u> (Florida stre	
New Registered Office Address: 111 SW 3 St., 6	Floor, Miami, Florida 33130 (Zip Code)
(City)	(Пр Сте)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Registered A	gent, 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	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>w</u>	<u>like Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DPST	CLARE V. MITCHELL	1395 Brickell Avenue
Add			14th Floor
X Remove			Miami, Florida 33131
2) Change	PD	DANIEL CHOCRON	10155 Collins Avenue
X Add			Apt. 710
Remove			Bal Harbor, FL 33154
3) Change	_VD	SANTOS CHOCRON	10155 Collins Avenue
X Add	·		Apt. 710
Remove			Bal Harbor, FL 33154
4) Change	ASD	VIOLETA CHOCRON	10155 Collins Avenue
X Add			Apt. 710
Remove			Bal Harbor, FL 33154
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
NA	
, , , , , , , , , , , , , , , , , , ,	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
NA	
NA	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
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.	
DatedDecember 3, 2013	
Signature Daniel Chanon	
(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)	
DANIEL CHOCRON	
(Typed or printed name of person signing)	
President	

(Title of person signing)