# P1100061547

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C. LEWIS
JUN 1 8 2014
EXAMINER

### **COVER LETTER**

Division of Corporations AQUA ELITE EVENTS.INC NAME OF CORPORATION: P11000061547 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE TOBON Name of Contact Person Firm/ Company 1830 S OCEAN DR #3109 Address HALLANDALE BEACH, FL 33009 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS GONZALEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

### Street Address

Amendment Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, FL 32301

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation of

14 JUN -6 AMII: 27

SECRETARY OF STATE FALL AHASSEE, PLORIDA

# AQUA ELITE EVENTS.INC

(Name of Corporation as co	urrently filed with the Flor	ida Dept. of State)	
P11000061547			
(Document )	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new nam	e of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation world "chartered." "professional association	ion "Corp." "Inc." or "Co	<ol> <li>A professional corporation name mu.</li> </ol>	abbreviation st contain the
, ,		N/A	
B. Enter new principal office address, if (Principal office address MUST BE A STR		<del></del>	
•			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
			<del></del>
D. If amending the registered agent and/ new registered agent and/or the new r		s in Florida, enter the name of the	
	V/A		
Name of New Registered Agent			
_	tFlorida street	and desires	
	ir torata socci		
New Registered Office Address:	(City)	, Florida	<del></del>
	`	,	
New Registered Agent's Signature, if cha Thereby accept the appointment as registers		h and accent the obligations of the position	,
Thereby decept the appointment to register	en agem - i am pamanai ma	α παι αυτερά του συσιχώπουν ομ του μουποί	
Sign	ature of New Registered Age	ent 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: F = 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 Doe	
X Remove	<u>7.</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	S	MARIANA PINTO	3300 NE 191 ST #1701
<b>√</b> ∧dd			AVENTURA, FL 33180
Remove			
2) Change			
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
[]			
6) Change	<del></del>		
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>icles, enter change(s) here</u> : (Be specific)
V/A	,
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N A)	inducere it not contained in the amendment fixer.
N.A	

APPROVEL AND FILED

14 JUN -6 AM 11: 27 \_\_\_\_, if other than the The date of each amendment(s) adoption: date this document was signed 06/10/2014 Effective date if applicable: tno more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the shareholders. The number of votes east 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 (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. Dated\_06/10/2014 Signature (By a director, president or other offic ctors or officers have not been selected, by an incorporator – if in the hands of perceiver, trustee, or other court appointed fiduciary by that fiduciary) JOSE TOBON (Typed or printed name of person signing)

**PRESIDENT** 

(Title of person signing)