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SECONDARY OF STATE
ALLAHASSEE FIORMA

COVER LETTER

Division of Corporations NAME OF CORPORATION: NF FLORIDA CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AMADEO A MAZZOLINI Name of Contact Person AMADEO A MAZZOLINI P A Firm/ Company 1849 S OCEAN DR 214 Address HALLANDALE FLORIDA 33009 City/ State and Zip Code aamazzolini@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

NF FLORIDA CORP.	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P11000069612	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	I "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or register new registered agent and/or the new registered Name of New Registered Agent	ed office address in Florida, enter the name of the
	(Florida street address)
New Registered Office Address:	, Florida
new negative office nuaress.	(City) (Zip Code)
	am familiar with and accept the obligations of the position.
Sign	ture 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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	MARIELA A SERRA	16850 NE 23 AV 519
Add			NORTH MIAMI BEACH FL 3316
X Remove			
2) Change	Р	AMADEO A MAZZOLINI	1849 S OCEAN DR 214
X Add			HALLANDALE FL 33009
Remove			
3) Change	s	MARIELA A SERRA	16850 NE 23 AV 519
X Add			NORTH MIAMI BEACH FL 3316
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

	if necessary).	icles, enter char (Be specific)				
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an amendment provi	des for an excl	ıange, reclassif	ication, or canc	ellation of issued	shares,	
rovisions for implem	enting the ame	ndment if not o	contained in the	amendment itse	<u>lf:</u>	
Lifuat applicable i	naicaie WA)					
(if not applicable, i				.	,	
(if not applicable, i						
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(if not applicable, i						
(if not applicable,)						
(if not applicable,)						

	DECEMBER 01, 2016	
The date of each amendment(s		, if other than the
date this document was signed.		
	ANUARY 10 , 2017	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date we Department of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
DECEM Dated	MBER 01, 2016	
Signature	a director, president or other officer – if directors or officers have not been	
sele	ointed fiduciary by that fiduciary)	
	MARIELA A SERRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	