P110000071137

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
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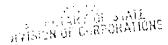
Division of Corpo						
NAME OF CORPOR	ATION: T2 - 5108 (CORP				
DOCUMENT NUMB	DOCUMENT NUMBER: P11000071137					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corresp	ondence concerning this ma	tter to the following:				
	RAUL PETRY					
_		Name of Contact Persor	1			
•	T2 - 5108 CORP					
_	Firm/ Company					
-	495 BRICKELL AVE - APT 5406					
		Address				
	MIAMI, FL 33131					
-		City/ State and Zip Code	2			
RAULPETRY@ODIARIO.NET						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
RAUL PETRY	,	_{at (} 786	614-8730			
Name of	Contact Person	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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section		Street Address Amendment Section				

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



T2 - 5108 CORP

14 OCT -6 PH 4: 10

(Name of Corporation as currently filed with the	Florida Dont of State)	
P11000071137	riorida Dept. of State)	
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida 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 "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	495 BRICKELL AVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	APT 5406	
	MIAMI, FL 33131	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	495 BRICKELL AVE	
	APT 5406	
	MIAMI, FL 33131	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the	
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
(City	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
Signature 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.

Example: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	FERNANDEZ DE TOMLINS	11925 BRICKELL AVE
Add				SUITE D205
Remove				MIAMI, FL 33129
2) Change	D		PETRY, RAUL	495 BRICKELL AVE
✓ Add				APT 5406
Remove				MIAMI, FL 33131
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u></u>		
Add				
Remove				
6) Change		_		
Add		-		
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
A 100	

The date of each amendment	(s) adoption: 10/01/2014	er StartiAK Wysian of G	OF STATE CIRPORATIONS	, if other than the
date this document was signed.			ри 1 10	,
Effective date if applicable:	10/01/2014	14 OCT -6	PN 4. 10	
	(no more than 90	days after amendmen	file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/wereby the shareholders was/we	e adopted by the shareholders. The re sufficient for approval.	number of votes cast fo	or the amendment(s)	
	e approved by the shareholders throid for each voting group entitled to v			
"The number of votes	cast for the amendment(s) was/were	sufficient for approva	l	
by			,,	
	(voting group)			
The amendment(s) was/were action was not required.	e adopted by the board of directors v	without shareholder act	ion and shareholder	
The amendment(s) was/were action was not required. Dated 10/0.	e adopted by the incorporators without	out shareholder action a	and shareholder	
Signature ×	1 And It			
	y a director, president of other office ected, by an incorporator – if in the			
	pointed fiduciary by that fiduciary)	nanus of a receiver, tri	istee, or other court	
	RAUL PETRY			
	(Typed or pr	inted name of person s	igning)	
	DIRECTOR			
	(Titl	e of person signing)		