

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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SFG CONNECT INC

MAY 19 2015

R. WHITE

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SECRETARY OF STATE TRALLAMASSES, FLORIDA

Articles of Amendment to Articles of Incorporation of

V. ,	
ation as currently filed with the Florida Dent. of State)	
cument Number of Corporation (if known)	
rida Statutes, this Florida Profit Corporation adopts the following amendment	(s)
corporation;	
The new	
word "corporation." "company." or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the the obbreviation "P.A."	
IDDRESS)	
<i>BOX</i>)	***
stered office address in Florida, enter the name of the red office address:	
(Florida street address)	
(City) , Florida (Zip Code)	
ri billing B	da Statutes, this Florida Profit Corporation adopts the following amendment corporation: The new ord "corporation." "company." or "incorporated" or the abbreviation r.p." "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A." Decide: Decide

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>5V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	DIAZ-SARMIENTO, GABRIEL	5600 SW 135 AVE
Ađd			202A
X Remove			MIAMI, FL 33183
2) Change	VP	KILPATRICK, BONNIE	2875 NE 191 ST
Add		:	SUITE 801
X Remove			AVENTURA, FL 33183
3) Change			
Add			
Remove			
4) Change	AP	PIEDRAHITA, VANESSA	2721 EXECUTIVE PARK DR
X Add		•	SUITE 4
Remove			WESTON, FL 33331
5) Change			***
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
			
. <u>[</u> [an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)		

The date of each amendment(s) ado	\$/15/15 ption:	if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ick does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment iclent for approval.	nl(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	meni
"The number of votes cast fo	of the amendment(5) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated		
Signature		
(By a dire	ector, president or other officer - if directors or officers have not be	
	by an incorporator - if in the hands of a receiver, trustee, or other of d fiduciary by that fiduciary)	ourt
,	/ANESSA PIEDRAHITA	
-	(Typed or arrinted name of person signing)	
P	AP ()	
_	(Title of person signing)	