## P12000 25550

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA DOCUMENT NUMBE	TION: ADELANT	TIX, INC. 550			
The enclosed Articles of	Amendment and fee are sub	omitted for filing.			
Please return all correspo	ondence concerning this mat	ter to the following:			
MARCO VITI					
_		Name of Contact Person			
Firm/ Company 11511 SW 145 AVENUE					
<u>-</u>		Address			
N	/IAMI, FL 331	86			
_		City/ State and Zip Code	:		
mar	co.viti@gmail.	com			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
MARCO VITIat (786) 277 5867					
Name of Contact Person		Area Code & 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)		
Maiting Address 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

ADELANTIX, INC.					
(Name of Corporation as currently	y filed with the Flor	da Dept. of State)			
P12000025550					
(Document Number	of Corporation (if kn	own)		<u> </u>	SEC.
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Flo</i>	rida Profit Corporation ac	dopts the following	amendm	
A. If amending name, enter the new name of the	corporation:			7239	- 34.4 - 38.⊆
ADELANTE 1, INC.				工 Tha 〇an	် ယဉ် ယဉ်
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t  B. Enter new principal office address, if applications application and the second seco	orp," "Inc," or "Co the abbreviation "P.A ble:	". A professional corpora			
(Principal office address <u>MUST BE A STREET A</u>	DDRESS )				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)					
D. If amending the registered agent and/or registered new registered agent and/or the new register		in Florida, enter the nam	ne of the		
Name of New Registered Agent			_		
	(Florida street	address)	_		
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	t. I am familiar with		s of the position.		
Signature of	New Registered Age	ni, ij 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add		<del></del>		
Remove				
3) Change				
Add		<del></del>		
Remove				
4) Change				
Add				
Remove				
5) Change			-	
Add				
Remove				
6) Change		-		
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
4// \	
<u></u>	
	•
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 10/01/2013	, if other than the
date this document was signed.  10/01/2013	, it could than the
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	
(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 10/01/2013	
Signature Acc	
(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)	
MARCO VITI	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	

(Title of person signing)