P12000043138

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SECRETARY OF STATE
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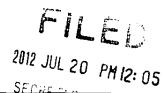
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	RESPECT	OF MIAMI, INC	C .
DOCUMENT NUMBER:			
The enclosed Articles of Ame			
Please return all corresponden	ce concerning this mat	ter to the following:	
JEF	F RUTHRAUI		
		Name of Contact Pers	on
JUS	T INSURANC	E	
		Firm/ Company	
290	N STATE RD	7	
		Address	
MAF	RGATE, FL 33	3063	
		City/ State and Zip Co	ode
J RUTI	HRAUFF@HO	OTMAIL.COM	
	_	ed for future annual repo	rt notification)
For further information conce	rning this matter, pleas	e call:	
JEFF RUTHRAU	FF	at (561 ··	504-6826
Name of Conta	act Person		Code & Daytime Telephone Number
Enclosed is a check for the fol	llowing amount made p	payable to the Florida De	partment of State:
	\$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 Ad Amendment Division of P.O. Box 63	t Section Corporations 327	Ame Divi Clift 2661	et Address Indiment Section Ission of Corporations Indiment Section Ission of Corporations Individual Section

For further laboration constrained laboration, please call:

Articles of Amendment to **Articles of Incorporation**



RESPECT OF MIAMI, INC.

SECRETARY OF STATE TALLAHASSEE FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) P12000043138

nent(s) to

1 12000045150		Mon
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associo	nation "Corp," "Inc," or "Co". A profe	," or "incorporated" or the abbreviation ssional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		
<u></u>		· · · · · · · · · · · · · · · · · · ·
		
D. If amending the registered agent ar new registered agent and/or the ne	id/or registered office address in Florida	, enter the name of the
Name of New Registered Agent	JEFF RUTHRAUFF	
Nume of New Registered Agent	290 N STATE RD 7	
	(Florida street address)	
New Registered Office Address:	MARGATE	, Florida 33063
	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Dealstoned Agent.	
hereby accept the appointment as regist	rered agent. I am familiar with and accept	the obligations of the position.
Sig	gnuface of New Registered Agent, if chang.	ing

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	JANOS SZTOJKA	2301 Ave. Z
X Add			BROOKLYN, NY
Remove			11235
2) Change			
Add		•	
Remove		·	
3) Change			
Add			
Remove			
4) Change			
_			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
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)	

The second second

The date of each amendment	t(s) adoption: 7/16/2012
Effective date if applicable:	07/16/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) cre sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated 07/	16/2012
, se	by a director president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	GABOR BOTOS
	(Typed or printed name of person signing)
	PRES
	(Title of person signing)