P12000068607

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SECRETARY OF STATE ALLAHASSEE, FLORIDA





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	NAVA LAN BER: P1200006860	D, INC. 7	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	Jorge E. Otero, E	sq.	
		Name of Contact Person	1
	Otero & Associat	es. P.A.	
		Firm/ Company	
	75 Valencia Ave.	• •	
		Address	
	Coral Gables, FL		
	,	City/ State and Zip Code	2
ioo	@ataralaw.com		
<u>jeo</u>	@oterolaw.com	sed for future annual report	untification)
	E-man address. (10 be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Jorge E. Oter	o, Esq.	at (305	, 567-9000
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

· <u> </u>	s currently filed with the	riorida Dept. of State)		
P12000068607				
(Docume	nt Number of Corporation	(if known)		
tursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following	g amendment(s) t	to
a. If amending name, enter the new n	ame of the corporation:			
			_The new	
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the ab "Co". A professional corporation name must c "P.A."		
B. Enter new principal office address, if applicable:		16155 SW 117 Ave., Unit B-2		
Principal office address <u>MUST BE A S</u>		Miami, FL 33177		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16155 SW 117 Ave., Unit B-2		
		Miami, FL 33177		
). If amending the registered agent ar new registered agent and/or the ne		dress in Florida, enter the name of the ss:		
Name of New Registered Agent	Valencia Registered Services Corn			
	75 Valencia Av	ve., 4th Floor		
	(Florida s	treet address)		
New Registered Office Address:	Coral Gables	, Florida 33134		
	(City	v) (Zip Code)		
lew Registered Agent's Signature, if chereby accept the appointment as regis		nt: with and accept the obligations of the position.	14 SEP SECRE TALLAH	
$\lambda \frac{\lambda}{S_i}$	gnature of New Registered	PAgent, if changing	' 17 TAR ASS	7
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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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	DSV Raul Garcia	16155 SW 117 Ave., Unit B:-2
Add	(changing address <u>only</u>)	Miami, FL 33177
Remove		
2) Change		
Add		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

usii uuuli	tional sheets, ij	<u>lditional Artic</u> f necessary).	(Be specific)	l			
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			<u> </u>				
							
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				• 1-			
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provisions	dment provide for implemen applicable, ind	ting the amen	ange, reclass Idment if not	ification, or ca contained in t	ncellation of is he amendment	sued shares, titself:	
						· ·	
							·
						_	
	-	<u> </u>					

The date of each amendment(s) ad	option:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	16-14	
Signature X		•
	ector, president or other officer - if directors or officers have not been	The second secon
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
1	Raul Garcia	
_	(Typed or printed name of person signing)	•
	DSV	
_	(Title of person signing)	