

P120000068727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

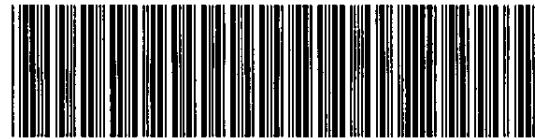
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900255551539

Amend

01/21/14--01052--015 **35.00

FILED
2014 FEB 10 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

MR
2/10/14
**00789, 00524, 00671*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: POSITIVE POINT CORP

DOCUMENT NUMBER: P12000068727

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORENA FELDMAN, ESQ

Name of Contact Person

FELDMAN & ASSOCIATES

Firm/ Company

2750 NE 185 St Suite 202

Address

Aventura FL 33180

City/ State and Zip Code

lorena@feldmanclosings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena Feldman Esq.

Name of Contact Person

at (786) 288-5699

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)

Mailing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2014

Lorena Feldman, Esq.
Feldman & Associates
2750 NE 185 St., Ste 202
Aventura, FL 33180

SUBJECT: POSITIVE POINT CORP
Ref. Number: P12000068727

We have received your document for POSITIVE POINT CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment form is incorrect. It is for a non-profit corporation and your entity is a profit corporation. I have enclosed a blank page 4 for you to fill out and return to us when you resubmit the entire document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 914A00001910

Articles of Amendment
to
Articles of Incorporation
of

POSITIVE POINT CORP.

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

2014 FEB 10 PM 12:20

P12000068727

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

11930 N Bayshore Dr.
Unit 505, North Miami
FL 33181

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

11930 N Bayshore Dr.
Unit 505, North Miami
FL 33181

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Lorena Feldman Esq.

2750 NE 185 St. Suite 202

(Florida street address)

New Registered Office Address:

Aventura

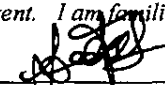
(City)

Florida 33180

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

LORENA FELDMAN, ESQ.

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	Goldstein Marcelo	20900 NE 30 Ave.
<input type="checkbox"/> Add			Suite 200-27. Aventura
<input checked="" type="checkbox"/> Remove			FL 33180
2) <input type="checkbox"/> Change	S	Swarynski Sergio	20900 NE 30 Ave
<input type="checkbox"/> Add			Suite 200-27. Aventura
<input checked="" type="checkbox"/> Remove			FL 33180
3) <input type="checkbox"/> Change	P	Rosman Guillermo	11930 N. Bayshore Dr.
<input checked="" type="checkbox"/> Add			Unit 505. North Miami
<input type="checkbox"/> Remove			FL 33181
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 1/17/2014, 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 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 1-17-2014

Signature X

(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)

MARCELO GOLDSTEIN

PRESIDENT (Typed or printed name of person signing)

SERGIO SWARYNSKI

SECRETARY

(Title of person signing)