P12000072128

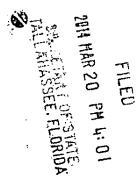
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SOUTH DADE LIQUIDATORS INC. DOCUMENT NUMBER: P12000072128 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEXANDRA REYES Name of Contact Person SOUTH DADE LIQUIDATORS INC. Firm/ Company 16685 SW 117 TH AVE Address MIAMI, FL 33177 City/ State and Zip Code JOEWELCH@MY1040TAXSTORE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOE WELCH Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

FILED

SOUTH DADE LIQIDAT	ORS INC.	2814 MAR 20	PM 4:01	
(Name of Corporation as	currently filed with the F	lorida Dept. of State)	OF STATE.	_
P12000072128		MELAHASSE	E, FLORIUA	
(Documen	at Number of Corporation (i	f known) 🍇	•	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the followi	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corp	rporated" or the or oration name musi	abbreviation t contain the
B. Enter new principal office address,	if annlicable:	ALEXANDRA	REYES	
(Principal office address MUST BE A S		16685 SW 11	7 TH AVE	_
		MIAMI, FL 33	177	_ _
C. Enter new mailing address, if appli	icable:			
(Mailing address <u>MAY BE A POST</u>				_
				_
				<u> </u>
D. If amending the registered agent an			name of the	
new registered agent and/or the new	•	-		
Name of New Registered Agent	ALEXANDRA R	EYES		
	16685 SW 117	TH AVE		
	· ·	reet address)	00477	
New Registered Office Address:	MIAMI	, Flor	_{ida} 33177	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent, I am familiar:	wiin and accept the obligat	ions oj ine position	.
	gnature of New Registered	Agent if 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.

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>	<u>Name</u>	Address
1) Change	Р	JOSEPH WARD	16685 SW 117TH AVE
Add			MIAMI, FL 33177
Remove			
2) Change	Р	ALEXANDRA REYES	16685 SW 117TH AVE
Add			MIAMI, FL 33177
Remove			
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
			
6) Change			
Add			
Remove			

	sheets, if necessar	y). (Be specifi	c)			
						
<u> </u>						
-						
	 					
			· -			
						. —
		<u> </u>				
						
provisions for i	t provides for an emplementing the second NA	amendment if n	ssification, or c ot contained in	ancellation of is the amendment	sued shares, itself:	
			<u> </u>			
		<u>,</u>				

The date of each amendmen	t(s) adoption: 02/14/2014	, if other than th
date this document was signed		
Effective date if applicable:	02/14/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere 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	**	
<u> </u>	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wes	re adopted by the incorporators without shareholder action and shareholder	
Dated_02/1	14/2014	
Signature	AAR	
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 popointed fiduciary by that fiduciary)	_
	ALEXANDRA REYES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	