## P12000084350

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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Amend

12 NOV -9 AM II: 56

NOV 1 3 2012 T. ROBERTS

## **COVER LETTER**

NAME OF CORPORATION: CARIBBEAN LAW GROUP, INC DOCUMENT NUMBER: \$12,000084350 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MATTHEW I WAHNON Name of Contact Person Firm/ Company CARIBBEAN N. UNIVERSITY SPR INGS | FC 3
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 954) 295-3797 Area Code & Daytime Telephone Number MATTHEW J. WAHNON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: the Cas Piling Per \$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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
(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
P1200084350
(Document Number of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follow Articles of Incorporation:

(Document Number of Cor	noration (if known	<u> </u>		
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:			pts the following	amendment(s) to
A. If amending name, enter the new name of the corpo	ration:			
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "word "chartered," "professional association," or the abbi	Inc." or "Co". A		ated" or the ab	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ADDRE	<u>SS</u> )			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				SECRETARY OF ORATIONS DIVISION OF COMPORATIONS 12 NOV -9 AM 11: 56
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		lorida, enter the name	of the	AMII: 56
Name of New Registered Agent	(Florida street addre	(22		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Register  I hereby accept the appointment as registered agent. Law			C.I. tu	

Signature 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:

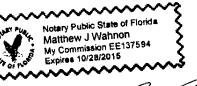
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director 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.

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>	<u>Name</u>	Address
1) Change	VP	DREW ST'CLAIR	2754 N UNIVERSITY DR
Add Remove			2754 N UNIVERSITY DR CORAL SPRINGS, FL 33065
2) Change	<del></del> .		
Add			
Remove			
3 ) Change			*****
Add			
Remove			
4) Change	<del></del>		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Add			**************************************
Remove			
5) Change	<u> , , , , </u>		
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
·	
	<del></del>
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	·

The date of each amendment(s) adop	ption: 11-6-2012
Effective date if applicable:	11-6-2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
Dated	1-6-2012
Signature(By a dire	cor, president or other officer is directors or officers have not been
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
_	TEFFREY G. RATUSHWY (Typed or printed name of person signing)
	(Typed or printed name of person signing)
<del></del>	PRESIDENT
	(Title of person signing)



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