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MAR 1 9 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

•			
NAME OF CORPORATION: PRIMAVES	GROUP CO	RP	
DOCUMENT NUMBER: P1200009091	9		
The enclosed Articles of Amendment and fee are submitted	d for filing.		
Please return all correspondence concerning this matter to	the following:		
ALBERTO PRIMAVESI			
(Na	me of Contact Person)		
PRIMAVESI GROUP COF	RP .		
	(Firm/ Company)		
5445 COLLINS AVE CU10)		
	(Address)		
MIAMI BEACH FL 33140			
(Cit	y/ State and Zip Code)		
aprimavesi@gmail.			
E-mail address: (to be used for	future annual report notification	1)	
For further information concerning this matter, please call:			
ALBERTO PRIMAVESI	_{at} (305) 908	56790	
(Name of Contact Person)	(Area Code & Day	time Telephone Number)	
Enclosed is a check for the following amount made payable	e to the Florida Department of	State:	
(/	ertified Copy Certif Additional copy is Certif	D Filing Fee icate of Status ied Copy tional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corportifion Building 2661 Executive Corportion Tallahassee, FL 3	rations Tenter Circle	

Articles of Amendment to Articles of Incorporation of

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PRIMAVESI GROUP CORP		SECRETARY CONTACT
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	SECRETARY OF STATE
P12000090919		
(Document Number of C	Corporation (if known)	
rursuant to the provisions of section 617.1006, Florida Statut mendment(s) to its Articles of Incorporation:	les, this Florida Not For Profit	Corporation adopts the following
. If amending name, enter the new name of the corpora	tion:	
		The new
ame must be distinguishable and contain the word "corpord Company" or "Co." may not be used in the name.	ation" or "incorporated" or the	abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>	.)	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
 If amending the registered agent and/or registered off 	ice address in Florida, enter th	na name of the
new registered agent and/or the new registered office		ie name of the
Name of New Registered Agent:		
		· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	
New Registered Office Address:		
		lorida
(City))	(Zip Code)
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		gations of the position.
Signature of Van	v Registered Agent, if changing	
Signature of New	r Kegisierea Ageni, ij changing -	

Page 1 of 4

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 X_Remove X_Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>V</u>	ROCIO SULLIVAN	5445 COLLINS AVE SUITE CU10 MIAMI BEACH FL 33140
2) Change Add Remove S) Change			
Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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

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The date of each amendment(s) adoption: 03/01/2014 date this document was signed.				
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Ada	option of Amendment(s)	(CHECK ONE)		
	•	d by the members and the number of votes cast for the amendment(s)		
	There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were		
	Dated 03/01/201	14		
	Signature	V m		
	have not been sel	or lice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)		
		LBERTO PRIMAVESI		
	(Тур	ped or printed name of person signing)		
		Paesi dent		
		(Title of person signing)		

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