P12000091228

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

C. LEWIS

DEC 1 6 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: FAUT DE	SIGN INC	
DOCUMENT NUMBER: P120000912	228	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
RAFAEL VASC	CONEZ	
REV MULTI SE	Name of Contact Person	n
1735 NE 157 T	Firm/ Company	
MIAMI, FLORII		
REVMULTISERVI E-mail address: (to be us	City/ State and Zip Cod	OM
For further information concerning this matter, pleas	e call:	
RAFAEL VASCONEZ	at (305	788-5207
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 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		Address ment Section

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

APPROVED AND

Articles of Amendment to **Articles of Incorporation** of

13 DEC | | PH 4: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FAUT DESIGN INC

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

ent(s) to

P12000091228			
(Document Number	r of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Flor	ida Profit Corporation add	opts the following amendm
A. If amending name, enter the new name of the	e corporation:		
FAUT INC			The ne
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co"	. A professional corporat	ated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>			
	_		
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		
	_		
D. If amending the registered agent and/or regis new registered agent and/or the new register		in Florida, enter the name	e of the
Name of New Registered Agent			
	(Florida street a	ddress)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing R	Registered Agent:		
I hereby accept the appointment as registered agen		and accept the obligations	of the position.
	CAL DE CALLA		

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		_	
Add Remove			
2) Change	<u></u>		
Add Remove		,	
3) Change		_	
Add			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			

11 amendin Attach add	g <mark>or adding additional</mark> tional sheets, if necessa	rul (Re specifi	nange(s) nere:		
Auach adai	nonai sneeis, ij necessa	туј. (Бе ѕресіјі	·)		
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	West and the second sec				
	 				
	<u> </u>				
<u>If an amen</u>	lment provides for an	<u>exchange, reclas</u>	sification, or can	<u>icellation of issued</u>	shares,
provisions	for implementing the applicable, indicate N/.	amendment if no	t contained in th	<u>ne amendment itse</u>	<u>if:</u>
(1) 1101	иррисиоте, таксите 14/2	1)			
	 -				
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	<u>.</u>				

APPROVEU AND FILED

the

The date of each amendment(s) adoption: 12	//06/2013	13 DEC 11	it other than
date this document was signed.		SECRETARY TALLAHASSE	OF STATE ELFLORIDA
Effective date if applicable: 01/01/2014	(no more than 90 days after amendment file a		
Adoption of Amendment(s) (CH	ECK ONE)		
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cast for the pproval.	amendment(s)	
	e shareholders through voting groups. The follo group entitled to vote separately on the amend		
"The number of votes cast for the amen	dment(s) was/were sufficient for approval		
by	ing group)		
	board of directors without shareholder action ar	nd shareholder	
The amendment(s) was/were adopted by the i action was not required.	incorporators without shareholder action and sh	areholder	
Dated 12/06/2013 Signature	De munico		
(By a director, pres)	tenf or other officer - if directors or officers har receiver, trustee, by that fiduciary)	ave not been or other court	-
RAFAEL	VASCONEZ		
	(Typed or printed name of person signing	<u>;</u>)	
GENERA	L MANAGER		_
	(Title of person signing)		