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To:

Division of Corporations Fax Number : (850)617-6380

From:

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| E V E D | 5 PM 12: 42 | | Email Address: | | | |
|---------|-------------|---------------------|--|---------|--|--|
| | | | COR AMND/RESTATE/CORRECT OR O/D RESIGN INVESTMENTS 1524 INC | | | |
| ات ا | i > | 1 | Certificate of Status | 0 | | |
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Electronic Filing Menu

Corporate Filing Menu

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| | 49 PM | | FAX | No. | SECRETARY OF STATL P. 002 SECRETARY OF STATL P. 002 DIVISION OF CORPORATIONS | | | | |
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| E a | b , | ÷ | L •: | 2 | DIVISIEN OF CORPORATION. | | | | |
| * : | | | | | 15 HAY -5 AM 9: 29 | | | | |
| đ, A, | | A | rticles of Amen- to | lment | | | | | |
| | Articles of Incorporation of | | | | | | | | |
| | INVESTMENTS 1524 INC | | | | | | | | |
| | (Name of Corporation as currently filed with the Florida Dept. of State) | | | | | | | | |
| | | | P12000092566 at Number of Cor | normation | (flagman) | | | | |
| its Articles of I | Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendmits Articles of Incorporation; | | | | | | | | |
| A. <u>If amendic</u> | ng name, eater the new 1 | name of the corr | oration: | | | | | | |
| "Corp.," "Inc. word "charter B. Enter new | name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain th word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | | | | | | | |
| C. <u>Enter new</u> (Mailing a | C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | | | | | | | |
| | D. If smending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: | | | | | | | | |
| | of New Registered Agen | <u>t</u> | <u></u> | ~ | | | | | |
| Name | | (Florido sırest address) | | | | | | | |
| <u>Name</u> | | • <u></u> | (Florida sırest a | idress) | | | | | |
| | Registered Office Address | | | | , Florida | | | | |
| <u>New Registere</u> | ed Agent's Signature, if | changing Regist | (City |) | , Florida(Zlp Code) (Zlp Code) (The obligations of the position. | | | | |

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MAY/05/2015/TUE 12:49 PM

FAX No.

P. 003/005

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 | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | S | MARINA RAMOS | 6276 NW 186 ST SUITE 102 |
| X Add | | | MIAMI, FL33015 |
| Remove | | | |
| 2) Change | _ | | |
| Add | | | ····· |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | <u></u> |
| Remove | | | |
| δ) Change | <u> </u> | | |
| Add | | | |
| Remove | | | · |

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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| MAY/05/2015/TUE 12:49 PM | ſ | FAX No. | FILE ECPETARY OF STATE STON OF CORPORATIONS | P. 005/005 | | | | |
|---|--|---|---|---------------------|--|--|--|--|
| The date of each and date this document wa | endment(s) adoption: | sti 1 <i>-2 ر ح</i> | MAY -5 AM 9:29 | , if other than the | | | | |
| Effective date if appl | Effective date <u>if applicable</u> : | | | | | | | |
| | Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. | | | | | | | |
| Adoption of Amendr | nent(s) (CHECK (| <u>ONE</u>) | | | | | | |
| | 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 | t(s) was/were sufficient for ap | proval | | | | | |
| bу | (voting gr | oup) | .19 | | | | | |
| | The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | | | | | | | |
| The amendment(s) action was not requ | was/were adopted by the incorp pired. | orators without sharebolder a | ction and shareholder | | | | | |
| Dat | 05/01/2015 cd | \square | | | | | | |
| Sig | | | | | | | | |
| | | or other officer – if directors o tor – if in the hands of a receiv at fiduciary) | | | | | | |
| | | JOSE M. RAMOS | | | | | | |
| | (Турес | l or printed name of person si | gning) | | | | | |
| | | PRESIDENT | | | | | | |
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