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To:

Division of Corporations

: (850)617-6380

From:

Account Name

: CORP USA

Account Number: 072450003255

Phone Fax Number : (305)634-3694 : (305)633-9696

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN FIGURELLA CORAL GABLES, INC.

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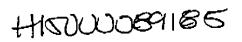
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CORP USA





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	******	A CORAL GABI	ES, INC.		
DOCUMENT NUMB	_{ER:} P1300000216	2			
The enclosed Asticles of	of Amendment and fee are su	bmitted for filing,			
Please return all corres	pondence concerning this ma	tter to the following:			
	MAX A. ADAMS,	ESQ.			
- -	THE MEDILAW F	Name of Contact Porson			
Firm/ Company 325 ALMERIA AVENUE					
Address CORAL GABLES, FL. 33134					
•		City/ State and Zip Cod	8		
ANG	GIE@THEMEDIL				
	E-mail address; (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e cali:			
ANGELA PER	REZ	at (305	, 444-3484		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Fiting Fee Cartificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassec, FL 92314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building Necutive Center Circle ussee, FL 32301		

Articles of Amendment to Articles of Incorporation 15 APR 10 AR 84 58

green of pour son

FIGURELLA CORAL GABLES, INC.	SELIKLYANG WESTATE TALE AHASSEE, FLORIDA
(Name of Corporation as currently filed with the	Florida Dent. of State)
P13000002162	.ait or
(Document Number of Corporation	(if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporation:	The new
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or ord "chartered." "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address, if applicables	1600 Ponce De Leon Bivd.
Principal office address <u>MUST BÉ A STREET ADDRESS</u>)	Suite D
	Coral Gables, FL. 33134
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1600 Ponce De Leon Blvd.
	Suite D
	Coral Gables, FL. 33134
If amending the registered agent and/or registered office adnesses registered agent and/or the new registered office addresses.	dress in Florida, enter the same of the
Name of New Registered Agent	<u> </u>
(Florida	street address)
New Registered Office Address:	
(Cu	ity) (Zip Code)
lew Registered August's Signature. If changing Registered Age hereby accept the appointment as registered agent. I am familia	
	a come with the color and some statement at the beautiful.
Signature of New Registers	d Agent If changing

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(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 Clark; CEQ = 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 Y. 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 PT John Doe X Romove Y Mike Jones X Add <u>sv</u> Sally Smith Type of Action Title Name Address (Check One) FIGURELLA USA, INC. 1600 Ponce De Leon Blvd. 1) Change Suite D Add Coral Gables, FL 33134 Remove Change Remove Change Add Кетачи Change Add Remove Change Add Remove Change Remove

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:

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tach additional sheets, if necessi	h Articles, enter change(s) here: eary). (Be specific)
	
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	•·····································
an amendment provides for at	n exchange, reclassification, or cancellation of issued shares, so amendment if not contained in the amendment itself:
(if not applicable, indicate N	(A)
····	
· · · · · · · · · · · · · · · · · · ·	

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The date of each amendment(s) so	laption: April 7, 2015	if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(a) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(vorting group)	
The amendment(s) was/were add action was not required.	pred by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated April 7,	2015	
Signature	Max alan	
	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	MAX A. ADAMS	
	(Typed or printed name of person signing)	
	AGENT	
	(Title of person signing)	- .