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R. WHITE

03/10/14--01044--009 **35.00

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 3000022426 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person CILS Inc linco In rol E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: at (786) 423 3838 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

		,
· ,	Articles of Amendment to Articles of Incorporation of	FILED: 14 NAR 10 MM:47
(Name of Corporation as currently	**	of State)
	00022426	
	of Corporation (if known)	
dursuant to the provisions of section 607.1006, Flori as Articles of Incorporation:	ida Statutes, this <i>Florida Profi</i>	it Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes of Incorporation:	dorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2155 Washington ct
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2155 Washington cti Unit 604
	NIAMI BEACH FL 33139
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2155 Washington ct.
	Unit 604
	NIANI BEACH FL 33139
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent Alexis J.	ACOT
2155 Wash	ington Av. (MB FL 33139)
	3EACH , Florida 33139 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with A A	- · · · · · · · · · · · · · · · · · · ·

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	PT John I	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change (address) Add	<u>P</u>	JACOT, Alexis	2155 Washington C
Remove		1 A /	ni mi FL 33,135
2) Change (address) Add	_1	JACOT, Alexis	2155 Washington Ct
Change (a deress) Add Remove	<u>s</u> _	JACOT, Alexis	NiAmi Fl 33139 2155 Washington Ct # 604 NiAmi Pc 33139
4) Change			
Remove 5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Arti attach additional sheets, if necessary).	
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not approuve, material to it	

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated21_/	19/2014	
Signature		
Dy a di	regor, 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	
appoint	ed fiduciary by that fiduciary)	
	Vanessa Elmoleh	
·	(Typed or printed name of person signing)	
	Attoney in -fact (Title of person signing)	
•	(Title of person signing)	