P13000023302

| (Requestor's Name) (Address) | 700248597237 |
|---|---|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | 06/14/1301015021 **52.50 |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only | 13 JUNIUM 3: 57 SECRETARY OF STATE RELLAMASSEF. FI PRIO. AMASSEF. FI |

COVER LETTER

TO: Amendment Section **Division of Corporations** DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee S \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

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Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation 00023302 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following affendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: | эте, ана за | ny omin, or as an Aua. | |
|------------------------|--------------|------------------------|---|
| X Change | <u>PT</u> | John Doe | |
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action | <u>Title</u> | Name | Address |
| (Check One) 1) Change | 000 | Darwin Santiago | Coconut Grove, FL 3313 |
| Add | | O | Coconut Grove, FL 3313 |
| <u>∨</u> Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | *************************************** |
| Remove | | | |
| 5) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| A. Name Change is due to Darwin Santiago |
|--|
| leaving the company |
| |
| D. Place of business has changed |
| aue to move. |
| C. Mailing address sames as new |
| business address |
| Daries States and Decare |
| he voluntarily stepped down from |
| the company |
| |
| |
| 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) |
| n p |
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| |

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

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|---|------------------------|-------------|---|
| The date of each amendment(s) adoption: | <u> </u> | 1 | 12013 |
| Effective date if applicable: | 6 | 1 | 2013 |
| | o more than | 90 d | ays after amendment file date) |
| | | | |
| Adoption of Amendment(s) (CHEC | K ONE) | | |
| The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr | reholders. Ti oval. | he nu | mber of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shimust be separately provided for each voting grounds. | | | |
| "The number of votes cast for the amendm | ent(s) was/w | ere su | ifficient for approval |
| by(voting | | | ,,, |
| (voting | group) | | |
| ☐ The amendment(s) was/were adopted by the boa action was not required. | rd of director | rs wit | hout shareholder action and shareholder |
| The amendment(s) was/were adopted by the incoaction was not required. | orporators wi | thout | shareholder action and shareholder |
| Dated 0 11 2 | 013 | | _ |
| Signature | 1 | \supseteq | |
| | | | - if directors or officers have not been |
| selected, by an incorpo appointed fiduciary by | | | ands of a receiver, trustee, or other court |
| ^. | | 4 | Darrin |
| <u> </u> | HR10; | > | DOYCA |
| Ty | ped or printe | d nam | ne of person signing) |
| _ Pr | usid | le | nt |
| | Title of perso | n sia | mina) |