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COVER LETTER

TO: Amendment Section

..

Division of Corp	orations		
NAME OF CORPO	RATION: ABC SUNN	Y ISLES CORP	•
DOCUMENT NUM	D420000240		
		1. 1. 1. 0. 0.0	- 10
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CARLOS FIGUE	IRA	
		Name of Contact Persor	1
	CLFC AND ASSO	·····	
	0000 NUM 44 OTE	Firm/ Company	
	8200 NW 41 STF	 	<u> </u>
	DORAL FL 33166	Address 3	
		City/ State and Zip Code	2
INI	O@CLFCSOLUT	IONS COM	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
CARLOS FIG	GUEIRA	at (786	, 252-1830
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 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)
	iling Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ABC SUNNY ISLES CORP

(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P13000024882		
(Document Number	of Corporation (if known)	****
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporation</i> adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The next
"Corp.," "Inc.," or Co.," or the designation "Co	ord "corporation," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation name mu	abbreviation. st contain the
word "chartered," "professional association," or t	he abbreviation "P.A."	黄素 山
B. Enter new principal office address, if applical	ble:	
(Principal office address MUST BE A STREET A	DDRESS)	
		ARY OF SPAIR
		_ = = = = = = = = = = = = = = = = = = =
C. Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE)	<u></u>	
		
		<u> </u>
D. If amending the registered agent and/or regis	stered office address in Florida, enter the name of the	
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
New Registered Office Address.	(City) (Zip Code)	
New Registered Agent's Signature, if changing R	<u>legistered Agent;</u> 1. I am familiar with and accept the obligations of the position	n
г погоод иссерт те ирролитет из гедімегей идет	г. ин зиннин жин ини иссері те одпушнопу оз те розто	.
Signature of	New Registered Agent, if changing	
ingilature of	Tron registered rigent, 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 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>	<u>Addres</u> s
1) Change	PT	ERROL S MILAZZO	202 SUNNY ISLES BLVD # 8B
Add Remove			SUNNY ISLES, FL 33160
2) Change	PT	LIA F MILAZZO	202 SUNNY ISLES BLVD#88
Add			SUNNY ISLES, FL 33160
√ Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change	•	 	_
Add			<u> </u>
Remove			
6) Change	 		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<u> </u>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у пог иррпсионе, такие пол)	

The date of each amendment(s) adoption: JANUARY 01, 2015	, if other than th
date this document was signed.	
Effective date if applicable: JANUARY 01, 2015	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/25/2015	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator —if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CARLOS FIGUEIRA	
(Typed or printed name of person signing)	
REGISTERED AGENT	
(Title of person signing)	