## P13000031661

(Re	equestor's Name)	
(Ad	ldress)	
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AGINOSTATE STATE

NOV = 8 2013 T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

THE OF COMORATION.		UNITED GROU	JP CORP.
DOCUMENT NUMBER: P130	0003166		
The enclosed Articles of Amendment	and fee are sub	mitted for filing.	
Please return all correspondence cond	erning this matt	er to the following:	
CARLOS	S A. MAR	IANELLI	
		Name of Contact Person	
COMPO	SE UNITI	ED GROUP CO	RP.
<del> </del>		Firm/ Company	
3501 N.	MIAMI AV	/ENUE	
	,	Address	
MIAMI, F	FL 33127		
		City/ State and Zip Code	<b>;</b>
info@compo			
E-mail ad	dress: (to be use	ed for future annual report	notification)
For further information concerning the	is matter, please	e call:	
JOEL SANDERS, CP	Α	at (954	916-2000
Name of Contact Pers	on	Area Coo	lc & Daytime Telephone Number
Enclosed is a check for the following	amount made p	ayable to the Florida Depa	rtment of State:
	Filing Fee & ate 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)
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

FILED
SECRETARY OF STATE
TALL/JU 1998 FLORIDA

## Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as curr	ently filed with the Flo	orida Dept. of State)		
P13000031661				
(Document Nur	nber of Corporation (if	known)		•
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation s	dopts the followin	g amendment(s)
A. If amending name, enter the new name o	f the corporation:			
	1 1 11	D H		_The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	lo". A professional corpor	ration name must	contain the
B. Enter new principal office address, if applicable:		3501 N. MIAMI	AVENUE	
(Principal office address MUST BE A STREE		MIAMI, FL 331	27	-
•				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3501 N. MIAMI	AVENUE	-
		MIAMI, FL 3312	27	<del>-</del> -
				_
D. If amending the registered agent and/or new registered agent and/or the new reg		ess in Florida, enter the na	me of the	
Name of New Registered Agent	AN CAMPOS			
	01 N. MIAMI A	AVENUE	_	
<del></del>	(Florida stre	•	-	
New Registered Office Address:	AMI	, Florida	33127	
	(Clty)		(Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of		ith and accept the obligation	ns of the position.	
I hereby accept the appointment as registered		Competer.	ns of the position.	

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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u> e	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PVPS	CARLOS MARIANELLI	3501 N. MIAMI AVENUE
Add			MIAMI, FL 33127
Remove			
2) Change	TD	CARLOS MARIANELLI	3501 N. MIAMI AVENUE
Add			MIAMI, FL 33127
Remove			
3) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	
** ** ** ** ** ** ** ** ** ** ** ** **	·
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exchoroyisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
·	

The date of each amendment(s) adoption:	, 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 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):	1
"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	
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 MARIANELLI \	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>