10:18 PST

TO:18506176380 FROM:9545102072

Division of Corporations

Page:

2

H16000312327 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160003123273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: GFB TAX SERVICE LLC Account Name

Account Number : I20120000047 Phone

: (754)246-6160

Fax Number

: (954)510-2072

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

Email Address: gastonbelen@gfbtaxservice.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN **AMLLAV CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 2 2 2016

I. LEMIEUX

H16000312

12/21/2016

10:18 PST

TO:18506176380 FROM:9545102072

Page:

3

COVER LETTER

H16000312327 3

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMLLAV CORP

DOCUMENT NUMBER: P13000044209

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASTON BELEN

Name of Contact Person

GFB TAX SERVICE LLC

Firm/ Company

2833 EXECUTIVE PARK DR SUITE 200

Address

WESTON, FL 33331

City/ State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN

ູ 754 ຸ 246-6

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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 12/21/2016

10:18 PST

TO:18506176380

FROM:9545102072

Page:

4

Articles of Amendment to Articles of Incorporation

H16000312327 3

AMI.	LAV	CORP	

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000044209

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new

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/O GFB TAX SERVICE

2833 EXECUTIVE PARK DR. STE 200

WESTON, FL 33331

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

C/O GFB TAX SERVICE

2833 EXECUTIVE PARK DR. STE 200

WESTON, FL 33331

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

GFB TAX SERVICE LLC

2833 EXECUTIVE PARK DR. STE 200

(Florida street address)

New Registered Office Address:

WESTON

.... 333331

(City)

(Zip Code)

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

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

Signature of Mex Registered Agent, if changing

Page 1 of 4

н16000312327 3

Example:

10:18 PST

TO:18506176380 FROM:9545102072

Page:

5

H16000312327 3

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	<u>PT</u> <u>Johr</u>	1 Doe	
X Remove	⊻ Mik	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	<u>P</u>	LEONARDO A. VALPERGA	C/O GFB TAX 6300 BLUE LAGOON DR STE 400
Add Remove			MIAMI, FL 33126
2) X Change	PV	AUDREY M. LANGE	C/O GFB TAX 2833 EXECUTIVE PARK DR
Add			STE 200
Remove			WESTON, FL 33331
X Change	S	LUCIANO F. VALPERGA	C/O GFB TAX 2833 EXECUTIVE PARK DR
Add			STE 200
Remove			WESTON, FL 33331
4) X Change	<u>S</u>	LARA N. VALPERGA	C/O GFB TAX 2833 EXECUTIVE PARK DR
Add			STE 200
Remove			WESTON, FL 33331
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

12/21/2016 10:18 PST TO:18506176380 FROM:9545102072

Page: 6

H16000312327 3

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

12/21/2016

10:18 PST

Effective date if applicable:

Adoption of Amendment(s)

action was not required.

action was not required.

The date of each amendment(s) adoption: 12/21/2016

by the shareholders was/were sufficient for approval.

Dated 12/21/2016

(CHECK ONE)

"The number of votes cast for the amendment(s) was/were sufficient for approval

(voting group)

TO:18506176380 FROM:9545102072

(no more than 90 days after amendment file date)

H16000312327 3 The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) 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 amendment(s) was/were adopted by the board of directors without shareholder action and shareholder ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder Signature August (By adjrector, president or other officer - if directors or officers have not been

Page:

AUDREY M. LANGE

(Typed or printed name of person signing)

selected, by an incorporator - if in the hands of a receiver, trustee, or other court

PRESIDENT

appointed fiduciary by that fiduciary)

(Title of person signing)