P130000044753

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SECRETARY OF STATE HE DIVISION FEB 12 PH 2: 1:

Amend 02.14.15

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ASSET MAE ENTERPRISES CORP P13000044753 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAYIDA GUTICOLL Name of Contact Person Firm/ Company 4529 COVE DR # 107 Address ORLANDO, FL 32812 City/ State and Zip Code MLORLANDOREALTOR@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (407) 731-0225 Area Code & Daytime Telephone Number MAYIDA GUTICOLL 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

Tallahassee, FL 32314

P.O. Box 6327

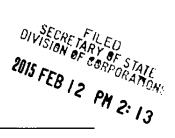
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation



ASSET MAE ENTERPRISES CORP

710021 111712 2111 2111 111020 00111	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P13000044753	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida 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 "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4437 HAYLOCK DR
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32807
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4437 HAYLOCK DR
(manning and cost Marte Barrings)	ORLANDO FL 32807
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent	···
(Elavida a	treet address)
· ·	·
New Registered Office Address: (City	, Florida v) (Zip Code)
	, , , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
Signature of New Registered	I 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) L Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
Kemove				
6) Change	···			· · · · · · · · · · · · · · · · · · ·
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
···	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment 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):	
"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_1/27/2014	
H. I Ser	
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)	
MAYIDA GUTICOLL	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_