P13000047081

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CO	DEMAKEUR	P CC	RP	
DOCUMENT NUMB	BER:P13000047081				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	MONIQUE TRONCONE CPA				
-		Name of Contact			
MONIQUE TRONCONE CPA PA					
Firm/ Company					
_	55 NE 5TH AVENUE SUITE 501				
Address					
	BOCA RATON, FL 33432				
-	City/ State and Zip Code				
MONIQUE@TRONCONE-CPA.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MONIQUE TR	RONCONE CPA	at (50	61	417-0308	
Name of Contact Person			rea 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 Fe Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		<u>\$</u>	Street A	ddress	
Amendment Section		Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

CODEMAKEUP CORP

2014 APR - 3 PM 4: 10

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

THE THINGS OF STATE

P13000047081

dment(s) to

Articles of Incorporation:				
If amending name, enter the new name of	the corporation:			
me must be distinguishable and contain the lorp.," "Inc.," or Co.," or the designation " rd "chartered," "professional association," o	"Corp," "Inc," or "Co	". A professi	or "incorpoi onal corpora	rated" or the a tion name must
Enter new principal office address, if appl				
incipal office address <u>MUST BE A STREET</u>	T ADDRESS)			
		····		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC				
maning damess MAT BE A FOST OFFIC	<u>E BOA</u>)			
		s in Florida, e	nter the nam	e of the
If amending the registered agent and/or re new registered agent and/or the new regist		s in Florida, e	nter the nam	e of the
		s in Florida, e	nter the nam	e of the
new registered agent and/or the new regist	tered of fice address:	-	nter the nam	e of the
		-	nter the nam	e of the
new registered agent and/or the new regist	tered of fice address: (Florida street	-	nter the nam	
new registered agent and/or the new regist Name of New Registered Agent	tered of fice address:	-		e of the (Zip Code)
new registered agent and/or the new regist Name of New Registered Agent	tered of fice address: (Florida street	-		
new registered agent and/or the new regist Name of New Registered Agent	(Florida street (City)	address)	, Florida_	(Zip Code)

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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	WIRTON BAEZ VASQUEZ	55 NE 5TH AVENUE
Add			SUITE 501
Remove			BOCA RATON, FL 33432
2) Change	CEO	HERBERT SCHODERBOCK	55 NE 5TH AVENUE
Add			SUITE 501
Remove			BOCA RATON, FL 33432
3) Change	VP	JERALDIN SANTOS MART	55 NE 5TH AVENUE
Add			SUITE 501
Remove			BOCA RATON, FL 33432
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Attach additional sheets, if necessar	ry). (Be specific)	_	
	. 14 150 5011		
f an amendment provides for an o	exchange, reclassificatio	n, or cancellation of iss	ued shares,
provisions for implementing the s (if not applicable, indicate N/A	imendment it not contain	ned in the amendment	<u>itself:</u>
-			
			

The date of each amendment(s) adoption: 03/28/2014	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ON E)	
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 MARCH 28, 2014	
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)	
HERBERT SCHODERBOCK	
(Typed or printed name of person signing)	_
CEO	_
(Title of person signing)	