P13000058155

(R€	equestor's Name)	
(Ad	Idress)	
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(Ci	ty/State/Zip/Phone	= #)
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'n	TO: Amendment Section Division of Corporations
	NAME OF CORPORATION: NICAMAR INTERNATIONAL IN
	DOCUMENT NUMBER: P 13 0000 58155
	The enclosed Articles of Amendment and fee are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	PATEICIA PON ARCI Name of Contact Person ACS Firm/ Company 12634 Wiles Rd Address Coral Springs FC 33076 City/ State and Zip Code PATRICIA 1040 THY @ GMAIL: Com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Patricia Polleri ar 951, 234 1106
	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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NICAMAR INTER	national Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P130000	58155
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flaits</i> Articles of Incorporation:	lorida 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 "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
,	
	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4780 Pinetree Dr
•	#26
	MIAMI BEACH FL 33140
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position:
Signature of New R	egistered 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	VP Luis Cittabini	4780 Pinetree Dr
Add		<u>#ab</u>
Remove		Miami Beach FL 33140
2) X Change	P Lorge CASANO	4780 Pinetree Dr
Add	ADDress Change	Hab
Remove	g	Miami Beach FL 33140
3) Change		
Add		
Remove	·	
4) Change		
Add		
Remove		
		•
5) Change		· ·
Add		
Remove		
6) Change		
Add		
Remove		

tach additional sheets, if necessary).	. (Be specific)				
					
		·			

				· ·	
	·				
an amendment provides for an exprovisions for implementing the ar	cchange, reclassifi	cation, or cancell	ation of issued s	nares,	
(if not applicable, indicate N/A)	Henument if not c	ontained in the ai	nenament usen:		
					

The date of each amendment(s) adoption:date this document was signed.	11/30/3015	if other than the
Effective date if applicable:	(
•	(no more than 90 days after amendment file date	y .
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirement State's records.	ats, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the arr	iendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following group entitled to vote separately on the amendment	ng statement mt(s):
"The number of votes cast for the amer	adment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(vot	ing group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and	shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shar	eholder
Dated11 3 ひ	15 Theres	
Signature (X)		
	sident or other officer - if directors or officers hav orporator - if in the hands of a receiver, trustee, o	
	y by that fiduciary)	Tonici court
appointed the same	, 4,	
	Jorge CASADO	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	