P1300067537

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TALLAHASSEC FLORIDA

APROYED FOR THE PROYED

C. LEWIS

MAY 2 0 2014

EXAMINER

COVER LETTER

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TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: Holiwood NH Corp. DOCUMENT NUMBER: P13000067537						
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	Please return all correspondence concerning this matter to the following:					
S	ilvio Neves					
 -		Name of Contact Person	1			
R	Rambla NH Co	orp.				
		Firm/ Company				
9	748 NW 10 T	errace				
 -		Address				
M	liami, Florida	33172				
		City/ State and Zip Code	e			
Snev	sneves@colormake.com					
E-mail address: (to be used for future annual report notification)						
		vo to tatale alliant report	,			
For further information co	oncerning this matter, pleas	se call:				
For further information of Carlos A. Me		se call:				
Carlos A. Me		se call: at (305				
Carlos A. Me	PSA Contact Person	se call: at (305	569-3005 de & Daytime Telephone Number			
Carlos A. Me	PSA Contact Person	se call:at (305at Co	569-3005 de & Daytime Telephone Number			
Carlos A. Me Name of C Enclosed is a check for th \$35 Filing Fee Mailing	Contact Person The following amount made \$43.75 Filing Fee & Certificate of Status Example 1. The contact of Status of Stat	at (305 Area Co payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	569-3005 de & Daytime Telephone Number artment of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address			
Carlos A. Me Name of C Enclosed is a check for th \$35 Filing Fee Mailin Amend	Contact Person The following amount made \$43.75 Filing Fee & Certificate of Status Barbara Address ment Section	at (305 Area Co payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend	569-3005 de & Daytime Telephone Number artment of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address Iment Section			
Carlos A. Me Name of C Enclosed is a check for th \$35 Filing Fee Mailin Amend Divisio	Contact Person The following amount made \$43.75 Filing Fee & Certificate of Status Example 1. The contact of Status of Stat	at (305 Area Co payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend Division	569-3005 de & Daytime Telephone Number artment of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address			

Tallahassee, FL 32301

APPROVED ANO FILED

Articles of Amendment to Articles of Incorporation of

14 MAY -8 AM 11: 14

Holiwood NH Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P13000067537 (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: 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street 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 with and accept the obligations of the position.

Signature of New Registered 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 Doe					
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s				
1) Change	PVP	Rafael Sarmiento	9748 NW 10 Terrace				
Add			Miami, Florida 33172				
X Remove							
2) Change	PVP	Silvio Neves	9748 NW 10 Terrace				
X Add			Miami, Florida 33172				
Remove							
3) Change							
Add			 				
Remove			 				
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change		<u> </u>	 				
Add							
Damova							

Attac	h <i>additional</i>	dding additi sheets, if ned	cessary).	(Be specifi		- -			
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prov	<u>visions for it</u>	t provides fo mplementing cable, indicat	the amer	ange, reclas	sification, ot containe	or cancellat d in the am	ion of issue endment its	d shares, elf:	
					<u> </u>				
				 					



The date of each amendmen	t(s) adoption: 8/29/2013	14 MAY -8 AM 11: 14	, if other than th
date this document was signed		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Effective date if applicable:	8/30/2013 (no more than 9	0 days after amendment file date)	
A. d	(CHECK (ME)		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
	re adopted by the shareholders. The ere sufficient for approval.	e number of votes cast for the amendment	(s)
		ough voting groups. The following staten vote separately on the amendment(s):	aent
	s cast for the amendment(s) was/we	• •	
by	(voting group)		
	(voting group)		
		without shareholder action and sharehold	der
The amendment(s) was/we action was not required.	ere adopted by the incorporators with	nout shareholder action and shareholder	
8/30	0/13		
Dated_ <u>8/30</u>			
Signature			
Signatur 9	By a director, president or other offi	cer - if directors or officers have not been	<u></u>
		e hands of a receiver, trustee, or other co	urt
a	ppointed fiduciary by that fiduciary	,	
	Rafael Sarmiento		
	(Typed or p	printed name of person signing)	
	President/Vice-President	ent	
	(T)	itle of person signing)	