

P13000077295

Florida Department of State

Division of Corporations
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(((H14000192457 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : GUILLERMO RODRIGUEZ & ASSOCIATES, I
Account Number : 120050000147
Phone : (305) 649-7128
Fax Number : (305) 643-2905

14 AUG 15 PM 12:11

RECEIVED
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DIVISION OF CORPORATIONS

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

Email Address: Taylor.eli.xobeth@gmail.comCOR AMND/RESTATE/CORRECT OR O/D RESIGN
OPTICA 9, INC.

Certificate of Status	0
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C. LEWIS

AUG 19 2014

EXAMINER

08/18/2014 01:48 FAX 3056432905
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GUILLERMO RODRIGUEZ

007

8/18/2014 10:10:23 AM PAGE

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Fax Server



August 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OPTICA 9, INC.
2128 SW 176 TERRACE
MIRAMAR, FL 33029

SUBJECT: OPTICA 9, INC.
REF: P13000077295

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please refax document with full page fax audit page. Your fax audit page is cut off and part of the cover letter is half of the fax audit page.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: H14000192457
Letter Number: 814A00017655

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14 AUG 18 AM 2:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

((H1400019245731))

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OPTICA 9, INC.

DOCUMENT NUMBER: P13000077295

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

Please return all correspondence concerning this matter to the following:

LUIS E MARTINEZ

Name of Contact Person

OPTICA 9, INC.

Firm/ Company

3773 W FLAGLER ST

Address

MIAMI FL 33134

City/ State and Zip Code

TAYLORELIXABETH@GMAIL.COM

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

For further information concerning this matter, please call:

LUIS E MARTINEZ

Name of Contact Person

at 305

6497128

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 AUG 15 PM 12:11

Articles of Amendment
to
Articles of Incorporation
of

4 H140001924573

OPTICA 9, INC.

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

P13000077295

(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:

N/A

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)

N/A

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

N/A

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

MARTINEZ LUIS E

3773 W FLAGLER ST

(Florida street address)

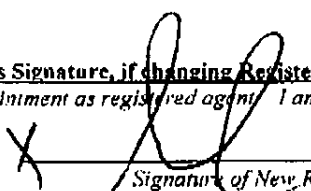
New Registered Office Address:

MIAMI

(City)

Florida 33134

(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

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: 8/14/2014 if other than the date this document was signed.

Effective date if applicable: 8/14/2014
(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 8/14/2014

Signature [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)

LUIS E MARTINEZ

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

14 AUG 15 PM 12:11
TALLAHASSEE
SECRETARY OF STATE
DIVISION OF CORPORATIONS