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SECRETARY OF STATE TALL AHASSEELFLORIDA

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C. LEWIS

DEC 3 0 2013

EXAMINER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations SURENESS CORPORATION NAME OF CORPORATION: ___ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person SURENESS CORFORATION
Firm/ Company 5107 OVERSEAS HW E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (786) 145 - 6646

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 5 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 **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation

13 DEC 17 PM 3: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	WHUMITION
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P13 000	0 82114
(Document Number of Corporation (if	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	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 "I B. Enter new principal office address, if applicable:	" "company," or "incorporated" or the abbreviation "co". A professional corporation name must contain the "A."
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MARATHON, FL 33050
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MARATHON, FL 33050
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	N/A
(Florida stre	et address)
New Registered Office Address:	, Florida
(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Paristared A	<u>/A</u>
Signature of Van Pagistared A	and 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.

X Change	PT Joh	<u>ın Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Jorge CazaNas	20210 FRANIORO CUTLER BAY, FL 3318
Add		0 0	Willer BAY, fr 3318
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if neces	sermi (Re sperite)
	ssury). (De specific)
	
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an amendment provides for a	an exchange, reclassification, or cancellation of issued shares, the amendment if not contained in the amendment itself:
provisions for implementing t	the amendment if not contained in the amendment itself:
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The date of each amendment(s) adopt	ion: SECRETARY OF STATE .	, if other than th
date this document was signed.	TALL AHASSEE, FLORIDA	
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 was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	<u> </u>	
•	(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 adonted	by the incorporators without shareholder action and shareholder	
action was not required.	: O the most position without plane monder perior and shareholder	
-/. /		
Dated 1210	B + A = A	
Signature By a direct	or, 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 f	iduciary by that fiduciary)	
	DAYWERIS CASTILLO	
	(Typed of printed name of person signing)	
	(Types of printed frame of Resont signing)	
	<u> Hendent</u>	
	(Title of person signing)	