P13000090395

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13 NOV 12 PM 1: 37
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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C. LEWIS NOV 1 8 2013 EXAMINER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: PP+	A GROUD ?	Inc.
NAME OF CORPORATION: PP+A Group Inc. DOCUMENT NUMBER: P130000 90395			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this matter to the following:			
_	Mario	F Diaz Name of Contact Person	CPA LLC
-	Man	Firm/Company	CPALLC
_			
	Rem)	City/ State and Zip Code	ave, #117
***	md cpa E-mail address: (to be us	ed for future annual report n	otification)
For further information concerning this matter, please call:			
Maria f	Diaz	at (954) 499-2829 e & Daytime Telephone Number
Name of	Contact Person	Area Code	e & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depart	tment 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		Division Clifton E 2661 Exc	nent Section of Corporations

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Articles of Amendment to Articles of Incorporation of

13 NOV 12 PM 1: 37

PR+ A	Group	Inc.	SECRETARY OF	
(Name of Corporation as currently	filed with the Flor	ida Dept. of State)	//\i. \. \\ \	LONIDA
P130	000090.	395		
(Document Number o				_
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Flo</i>	rida Profit Corporati	on adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the c	corporation:			
				_The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the B. Enter new principal office address, if applicable	p," "Inc," or "Co e abbreviation "P.A	". A professional co		
(Principal office address MUST BE A STREET AD.				-
	-			-
	-			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>) .			-
	-			-
	-	······································		_
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter the	e name of the	
Name of New Registered Agent				
***************************************	(Florida street	address)		
New Registered Office Address:		, Flo	orida	_
	(City)	,	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with	and accept the oblig	ations of the position.	
Signature of N	Vew Registered Age	nt, 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 <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	PT Jo	hn Doe	
X Remove	<u>v</u> <u>m</u>	like Jones	
X Add	<u>SV</u> Se	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Maria & Diaz	3474 West 84 ST. BAY 107 Hialeah, Fl. 33018
2) Change Add Remove	P	Susan Karina Siu Lam.	3474 West 84 ST. BAX 107, F1. 330 8
Change Add Remove			
4) Change Add Remove			
Change Add Remove			
6) Change Add Remove			

E.	If amending or adding additional Arti	cles, enter change(s) here:
	(Attach additional sheets, if necessary).	(Be specific)
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		, , , , , , , , , , , , , , , , , , ,
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F.	If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself;
	(if not applicable, indicate N/A)	nument is not contained in the amendment users.
	· · · · · · · · · · · · · · · · · · ·	
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13 NOV 12 PM 1: 37

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	SECRETARY OF STATE TALL AHASSEE, FLORIDA
Effective date <u>if applicable</u> :	
	(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 sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval
by	(voting group)
((voting group)
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by taction was not required.	he incorporators without shareholder action and shareholder
Dated	11/6/13
selected, by an i	resident or other officer – if directors or officers have not been ncorporator – if in the hands of a receiver, trustee, or other court lary by that fiduciary)
<u></u>	Susan Karina Siu Lam (Typed or printed name of person signing)
	Tocoporator. (Title of person signing)
	(Title of person signing)