P13000091236

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(Business Entity Name)					
(Document Number)					
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MILLAGASSEE, FLORID

5/29/14

COVER LETTER

آسر

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALMA GRO	OUP INTERNAT	IONAL, INC		
	BER: P1300009123				
	of Amendment and fee are sul				
Please return all corre	spondence concerning this mat	ter to the following:			
	YVETTE RASHID				
		Name of Contact Person	1		
	UNIVERSAL ACCO	UNTING & FINANC	CIAL SERVICES INC.		
		Firm/ Company			
	2787 E OAKLAND PARK BLVD STE 204				
		Address			
	FORT LAUDERD	ALE. FL 33306			
		City/ State and Zip Code			
yνε	ette@universalacc	ountingfinancial			
	E-mail address: (to be us	sed for future annual report	notineation)		
For further information	on concerning this matter, pleas	se call:			
YVETTE RASHID		at (954	728-8982		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		
Ma	iling Address	<u>St</u> reet	Address		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			Building Executive Center Circle		
1 ananassec, FL 32314		2001 L	Contac Citate		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

ALMA GROUP INTERNATIONAL	L, INC	914 HAY 16 PM 4: 25
(Name of Corporation as currently file	ed with the Florida Dept. of	State)
P13000091236		AND THAT OF STATE
(Document Number of C	Corporation (if known)	MILLAMASSEE PLOMBS
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit C	Corporation adopts the following amendment(
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co". A profes.	" or "incorporated" or the abbreviation sional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	<u>RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	X)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent		
traine of New Neglines en rigerii		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:	
I hereby accept the appointment as registered agent.	l am familiar with and accept	the obligations of the position.
60	D	
Signature of New	w Registered Agent, if changi	ng

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>	<u>Name</u>	<u>Addres</u> s	
1) Change	S	CACERES, MARLENE	4710 NW 102 AVE	
Add			APT 202	
Remove			DORAL, FL 33178	
2) Change	s	CASERES, MARLENE	4710 NW 102 AVE	
Add			APT 202	
Remove			DORAL, FL 33178	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			_	
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
NAME CORRECTION FROM THE SECRETARY- NEEDS TO CORRECT TO BE					
MARLENE CASERES.					
·					
E. If a consideration of instance and shows					
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:					
(if not applicable, indicate N/A)					
					

The date of each amendment(s) adoption:			
date this document was signed.			
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. 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 05/10/2014 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)			
MIGUEL A CACERES JAIMES			
(Typed or printed name of person signing)			
PRESIDENT			
(Title of person signing)			