P14000002977

(Re	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates (of Status		
Special Instructions to I	Filing Officer:			

Office Use Only



800249321988

06/10/14--01009--002 **35.00

14 JUN 10 PM 1:58

C. LEWIS

JUN 2 3 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Address For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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

Articles of Amendment to

to
Articles of Incorporation



14 JUN 10 PM 1:58 (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 MUST BE A STREET ADDRESS) 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 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 <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

Mike Jones, V as Remove	r, and Sal		\sim	•
Example: X Change	<u>PT</u>	John Doe	Please	update ess only on both
X Remove	<u>v</u>	Mike Jones	222	ess only on both
X Add	<u>sv</u>	Sally Smith	DH70	ers.
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change	P	Erick F Rodrigs	<u>-</u>	2833 SW 131 PC
Add		Rodrigo	e2/	MiANI F133175
Remove		Δ		
2) Change	74	Maria A Suavez		2835 SW 131 PC
Add		Suavez	=	Misri Fl 33175
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				· · · · · · · · · · · · · · · · · · ·
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the area	endment if not contained in the amendment itself:
(if not applicable indicate N(4)	district it not contained in the amendment riser.
(if not applicable, indicate N/A)	Andrew II 100 Convanieu in the amendatent Itself.
(if not applicable, indicate N/A)	AND THE RESERVE OF THE AMERICAN TEST.
(if not applicable, indicate N/A)	AND THE RESERVE OF THE AMERICAN TEST.
(if not applicable, indicate N/A)	Addition in 100 convenies in the amendment itself.
(if not applicable, indicate N/A)	AUTHOR IT HOLEONAMICA IN CHE AMERICACITE INSCIT.
(if not applicable, indicate N/A)	Addition it institution in the amendment itself.
(if not applicable, indicate N/A)	Addition it institution in the amendment listing
(if not applicable, indicate N/A)	Address in state of the amendment itself.

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	5 27 2014 27 2014 no more than 90 days after amenda	14 JUN 10 PI	, it other than the
Adoption of Amendment(s) (CHEC	CK ONE)		
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximation and the shareholders was approximated for approximation and the shareholders was appro		ist for the amendment(s)	
The amendment(s) was/were approved by the sh must be separately provided for each voting gro			
"The number of votes east for the amendm	nent(s) was/were sufficient for appr	roval	
by(voting		.,,	
(voling	group)		
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder	r action and shareholder	
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder acti	ion and shareholder	
Dated 6/3/2	2014		
	area Junes	r, trustee, or other court	
Vic	(Typed or printed name of pers	1	_

(Title of person signing)