P14000008265

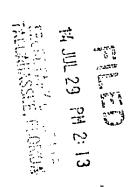
(Requestor's Name)				
(Address)				
(Ad	ldress)	<u></u>		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



300262247303

07/29/14--01010--012 **43.75



AUG 0 8 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations

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: For further information concerning this matter, please call: (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Status Certificate of Status Certified Copy □ \$35 Filing Fee □\$52.50 Filing Fee 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 P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

\mathcal{D}	AFNE INU	ESTWENTS	INC	160 m	
(Name of Corporation as curren				1144	Enter Ergel
1	P1400	XX 8265	_	14 JUL 29	PH 2: 13
·	cument Number of Co	•			1
Pursuant to the provisions of section 617 imendment(s) to its Articles of Incorpor	ation:		rofit Corporation	i adopts the follo	swing Unit A
A. If amending name, enter the new i	name of the corporation	<u>on:</u>			
name must be distinguishable and conta "Company" or "Co," may not be used		ion" or "incorporated" o	or the abbreviation		e new Inc.''
B. <u>Enter new principal office address</u> Principal office address <u>MUST BE A</u>		•	 		
C. Enter new mailing address, if app (Mailing address MAY BE A POST					
D. If amending the registered agent a new registered agent and/or the n			ter the name of	<u>the</u>	
Name of New Registered Agen	Ta 0 010				
New Registered Office Addre	1300 PE	UN SYWAN i A (Florida street address)	AVE#3	රිට	
	MSAND (City)	35ACM	, Florida <u>3</u>	(3139 (Zip Code)	_
New Registered Agent's Signature, if I hereby accept the appointment as reg			e obligations of t	he position.	
-	FABEL Signature of New	210 #000 Registered Agent, if chan	nging		

Page 1 of 4

address of each Officer: (Attach additional sheets, Please note the officer/dit P = President; V = Vice F	and/or Director , if necessary) rector title by the President; T= Tre This indicate	being added: first letter of the office title: asurer; S= Secretary; D= Director; T Officer. If an officer/director holds m	officer/director being removed and title, name, and R= Trustee; C = Chairman or Clerk; CEO = Chief nore than one title, list the first letter of each office
	ves the corporation	on, Sally Smith is named the V and S .	as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John E V Mike J SV Sally S	ones	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	MGR	LED RENTALS LL	C 1300 PENNSYLUANIA AVE#38 MINI BEACH - PL - 33139
2) Change Add			
Remove 3)ChangeAddRemove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			
ICHIOVC			

If amending or adding (attach additional sheet)	ts, if necessary).	(Be specifi	c)			
•				 		
l				 		
						_
					_	
· · · · · · · · · · · · · · · · · · ·				 		
		<u> </u>		 -		
				 		
						<u> </u>
					-	

The date of each amendment(s) adoption:	$\frac{23}{2014}$, if other than the
Effective date if applicable: 07 23	vs after amendment file date)
•	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and was/were sufficient for approval.	the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the a adopted by the board of directors.	mendment(s). The amendment(s) was/were
Dated 07/23/201	14
Signature Tolowass	iedo
(By the chairman or vice chairman of the have not been selected, by an incorpora	board, president or other officer-if directors tor – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that i	inductary)
Tolor Ho	Ido FABRIZIO FLODO
(Typed or printed name of	person signing)
P, D.	
(Title of person	signing)