## P14000009aa0

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V HERRING MAR 2 8 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	
DOCUMENT NUMBER: P14000	00 922 0
The enclosed Articles of Amendment and fee are sul	
Please return all correspondence concerning this mat	ter to the following:
Peggy	Ramirez Name of Contact Person
•	Name of Contact Person
INFOCUME	Firm Company  Street #11
	Firm/ Company
299 Park	Street +4
	Address
Miami S	frings FL 33166 City/ State and Zip Code
	City/ State and Zip Code
Peggy · C · Ra E-mail address: (to be use	mirez e Comeast-Net
For further information concerning this matter, please	call:
leggy Ramirez	at ( 786 ) 208-8157  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Cartificate of Status Certified Copy (Additional Copy is enclosed)
Malling Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Taliabassoe, FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATION

2817 HAR 27 AM 1: 46

	s. Inc.
1-1	ntly filed with the Florida Dent. of State)
P14000009220	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	NA
CUMPA DE A VEIT AND AND VITA A	
(Plorida:	street address)
New Registered Office Address:	N/A: Florida (Zip Code)

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	PT	John D	oe				
X Remove	¥	Mike J	<u>ones</u>				
_X Add	<u>sy</u>	Selly S	<u>mith</u>				
Type of Action (Check One)	Title		Name	_		Address	
1) Change	S		Daniel	Radrigues	<u>Oli</u> veig	A 77 Palmett Miami Springs,	o Drive
X Add				_	-	Miami Springs,	FL 35166
Remove					-	-	
2) Change	<del></del>	_		·	<del></del> -		
Add					-		<del></del>
Remove					-	<del></del>	<del></del>
3) Change			·····				_
Add					-		
Remove					-		<del></del>
4) Change		_			<del></del> -		-
Add					-		<del></del>
Remove					-		<u></u>
5) Change		_					
Add					_		<del></del>
Remove							<del></del>
6) Change		<del></del>			<del></del>		<del></del>
Add					-		<del></del>
Remove					_		<del></del>

Attach additional sheets, if necessary)	articles, enter change(s) bero:  y). (Be specific)
	N/A
***************************************	
(an amendment provides for an ex- provisions for implementing the an (if not applicable, indicate N/A)	
	N/A
444	N/A
	N/A
	N/A
	N/A
	N/A

The date of each amendment(s) adoption:	12-31-2016	, if other than the
date this document was signed.		
Effective date if applicable:	12-31-2016	
(n	so more than 90 days after amendment file date,	
Note: If the date inserted in this block does not redocument's effective date on the Department of Sta		s, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for appr		ndment(s)
The amendment(s) was/were approved by the sh must be separately provided for each voting gro	nup entitled to vote separately on the amendmen	
"The number of votes cast for the amendm	••	
by	, m	
(voting	group)	
☐ The amendment(s) was/were adopted by the boat action was not required.	rd of directors without shareholder action and si	harehold <i>et</i>
The amendment(s) was/were-adopted by the inco- action was not required.	prporators without shareholder action and shareh	older
Dated 3-21-17	<u>/</u>	
Signature (By a director, possider	at or other officer - if directors or officers have a	not been
soppointed fiduciary by	••	
T <sub>(Tyr</sub>	ose Reis De Oliveiro od or printed name of person signing)	a.Tr.
P	resident	
	(Title of person signing)	