## PHODDOIA977

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORA	ATION: SOUTH BE	REEZ CORPORA	ATION	
	R: P1400001297			
	Amendment and fee are sul			
Picase return all corresp	ondence concerning this mat	tter to the following:		
F	ROSANNE RUTI	NIK		
_		Name of Contact Person	l	
F	ROSANNE RUTNIK	BOOKKEEPING 8	R TAX SERVICES INC	
-		Firm/ Company		
Ę	616 SHANNON	DR		
_		Address		
F	FORT PIERCE, F	FL 34951		
		City/ State and Zip Code	•	
DOG		MOD COM		
RUS	SANNERUTNIK@	DAOL.COIVI	notification)	
	E-man address. (to be us	sed for futtire andreas report	mouncation)	
For further information	concerning this matter, pleas	se call:		
ROSANNE RI	JTNIK	at (772	332-6381	
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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		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** to Articles of Incorporation

## SOUTH BREEZ CORPORATION

FILED

J. 8 . . .

(Name of Corporation as currently filed with the Florida Dept. of State)

2014 APR 23 PH 4: 14

P14000012977

(Document Number of Corporation (if known)

PALL AHASSEE, FLORIDA

1 nendment(s) to

If amending name, enter the new name of	the corporation:		
me must be distinguishable and contain th Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". A pro-	ny," or "incorporation of the state of the s	ed" or the al n name must c
Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)		
If amending the registered agent and/or re	egistered office address in Flori	In antor the name	
If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florio	la, enter the name (	of the
If amending the registered agent and/or renew registered agent and/or the new registered Agent  Name of New Registered Agent	egistered office address in Florio stered office address:	la, enter the name o	of the
	egistered office address in Florio stered office address: (Florida street address)	la, enter the name o	of the
new registered agent and/or the new regis	stered office address:  (Florida street address)	la, enter the name o	of the
new registered agent and/or the new regis  Name of New Registered Agent	stered office address:		of the
new registered agent and/or the new regis  Name of New Registered Agent	(Florida street address)  (City)		

anding the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and arress 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	Т	ATM MUSTAFA KAMAL	2091 SW GATLIN BLVD
Add			PORT ST LUCIE, FL 3495
Remove  2) Change	<u>v</u>	GOLAM AHAD	
Add			
Remove 3) Change			
Add Remove			
4) Change	<del>, ,</del>		
Remove			
5) Change	<del></del>		
Remove			
6) Change	<del></del>	·····	
Add			

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)	<del></del> .	
. 2	· - ·		
			<u></u>
***************************************			
an amendment provides for an exc	ance, reclassificati	on, or cancellation	of issued shares.
rovisions for implementing the amo	ndment if not cont	ined in the amend	lment itself:
(if not applicable, indicate N/A)			
	<del> ·</del>		
			· · · · · · · · · · · · · · · · · · ·
		<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  Effective data if applicable: 04/11/2014	
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 by the shareholders was/were sufficient for approval.	ndment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by N/A	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	areholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated_04/14/2014	
Signature The Manual	
(By a director, president or other officer - if directors or officers have r	
selected, by an incorporator — if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	iner court
MOHAMMED MANNAN	
(Typed or printed name of person signing)	
P. President	
(Title of person signing)	<del></del>