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MAR 2 7 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: DIPLOMA	AT 2406 INC			
DOCUMENT NUMBER	t:				
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.			
Please return all correspon	ndence concerning this ma	tter to the following:			
		Name of Contact Person	n		
TF	RANSACTION AI	DVISORS AND C	ONSULTANTS LLC		
	<u> </u>	Firm/ Company			
10	0261 SW 72	ST C 101			
 -		Address			
М	MIAMI, FL 33173				
		City/ State and Zip Cod	e		
	\/F0\\OO\	•			
MAR	VESU@GMA				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information co	ncerning this matter, pleas	se call:			
MANNY ARV	'ESU	at (305	274-8200 de & Daytime Telephone Number		
Name of C	ontact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	e 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)		
Mailino	Address	Street	Address		
Amendn	nent 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 of

FILED

14 MAR 25 AM II: 16

DIPLOMAT 2406 INC (Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	nber of Corporation (if known)
tuant to the provisions of section 607.1006, larticles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment
famending name, enter the new name of	f the corporation:
	The new
e must be distinguishable and contain th rp.," "Inc.," or Co.," or the designation d "chartered," "professional association,"	he word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the
Enter new principal office address, if appl	licable:
ncipal office address <u>MUST BE A STREE</u>	
Enter new mailing address, if applicable:	•
Mailing address <u>MAY BE A POST OFFI</u> C	CE BOX)
	
	registered office address in Florida, enter the name of the
if amending the registered agent and/or renew registered agent and/or the new regis	
new registered agent and/or the new regis	
new registered agent and/or the new regis	
new registered agent and/or the new regis	stered office address:
Name of New Registered Agent	stered office address: (Florida street address)
Name of New Registered Agent	stered office address: (Florida street address), Florida
Name of New Registered Agent Name of New Registered Agent New Registered Office Address:	(Florida street address) , Florida (City) (Zip Code)
Name of New Registered Agent Name of New Registered Agent New Registered Office Address: Registered Agent's Signature, if changin	(Florida street address) , Florida (City) (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.

X Change	PT John I	<u> Poc</u>	
X Remove	<u>V</u> <u>Mike</u> .	lones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VT_	LUZ SIDAOUI	3535 S OCEAN DR
Add			UNIT 2406
Remove			HOLLYWOOD, FL 33019
2) Change	v _	ROBERT THORNE	444 BRICKELL AVE
Add			SUITE 760
Remove			MIAMI, FL 33131
3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
 	
	
<u></u>	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
ravisions for implementing the amen (if not applicable, indicate N/A)	adment if not contained in the amendment itself:

	2 (A)	
The date of each amendment(s) adoption:date this document was signed.		, if other than the
Effective date if applicable:		
(no	o more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK	(ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	cholders. The number of votes east for the amendment(soval.	s)
	reholders through voting groups. The following stateme up entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment	nt(s) was/were sufficient for approval	
by		
(voting g	group)	
The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shareholde	r
The amendment(s) was/were adopted by the inconaction was not required.	porators without shareholder action and shareholder	
Dated MARCH 6, 2014		
Signature Ma. Engran	The state of the s	
(By a director, president-	or other officer - if directors or officers have not been ator - if in the hands of a receiver, trustee, or other court hat fiduciary)	t
MARIA EUG	ENIA SIDAOUI	
	(Typed or printed name of person signing)	
PRESIDENT	SECRETARY	
	(Title of person signing)	

TA HAR 25 AHII: 16
SECRETARY OF STATE

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