P14000017439

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SECRETARY OF STATE

APR - 3 2014 T. CARTER

COVER LETTER

TO: Amendment Section

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: Ren Florida Investment Group IND DOCUMENT NUMBER: 214000017439
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fabida Dibiorgio Name of Contact Person Peo Plorida Investment group INC Firm/ Company
Firm/ Company
3002 Villa precios D As
Kiccimmel 7-1 34744
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fabiola Dibio qua at 321 443 9138 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

SECRETARY OF STATALLARY OF STATALLARY OSTE, FLOR	TE IDA

	of	or por action	TALLANDERS TE, THOR
(Name of Corporation as curr	ently filed with the F	group INC	14 MAY 27 PM 4: 1
D 14 0000	17429	<u> </u>	
(Document Nu	nber of Corporation (if	known)	· ·
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation ado	ots the following amendment(
A. If amending name, enter the new name of	f the corporation:		•
			The new
name must be distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association,"	"Corp," "Inc," or "	Co". A professional corporati	nted" or the abbreviation on name must contain the
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE		Fabida Dife.	eccosa Qu
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	<u>::</u> <u> CE BOX</u>	KISSIMME, H	39 79 9
D. If amending the registered agent and/or new registered agent and/or the new reg			of the
Name of New Registered Agent			
	(Florida str	eet address)	
New Registered Office Address:		, Florida	(Zin Codo)
	(City)		(Zip Code)

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 officer 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:	ove, una ban	iy smin, sv as an Aua.	
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) 1) Change Add Remove	Title	Name Fabric Dibiorgio	Address 3002 VIIIC, preciosa a Kioimmee, Fl 34)44
2) Change	-		
Remove 3) Change Add			
Remove Change			· · · · · · · · · · · · · · · · · · ·
Add Remove			
5) Change			
Remove 6) Change			•
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	
		· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares	
(if not applicable, indicate N/A)	nament is not contained in the unrelighted Astri.	
		· .
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 3-22-14	
Effective date if applicable: $5 - 4 - 1$ (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(s) by the shareholders was/were sufficient for approval.	•
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8-20-14	, i
Signature	
(By a director, president or other officer if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Tablola Diblorgii (Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
(Typed or printed name of person signing)	f_{μ}
President	
(Title of person signing)	