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'JUL 0 7 2014 T. CARTER

COVER LETTER

O: Amendment Section Division of Corporations
OCUMENT NUMBER: P1400017920
ne enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
Name of Contact Person C.D.A. Serviceability Trust Firm/ Company 1025 Sto 84 Street, Cottage-8 Address Miami FL 33173 City/ State and Zip Code Lissatores Quah co. Com E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
Name of Contact Person at (784) 395-4900 Area Code & Daytime Telephone Number
closed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee 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 Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee. FL 32301

Articles of Amendment

10

Articles of Incorporation

(Document Number of Corporation (if	`known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following a	imendment(s) to
A. If amending name, enter the new name of the corporation:	1	
	14	'la
name must be distinguishable and contain the word "corporation		he new reviation
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must cor	
B. Enter new principal office address, if applicable:	Mra 11025 5W	SY STreet
(Principal office address MUST BE A STREET ADDRESS)	cottage 8	,
	Miami, FL 3	3173
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11025 SW 84 Str.	eet
	cottage 8	
	Miami, Fr 3317	3
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
		- #s
(Florida stree	et address	* III
1. 10 344 4110		
New Registered Office Address:	, Florida (Zip Code)	20 27 E
(City)	(Zip Code)	Time .
		器が物
New Registered Agent's Signature, if changing Registered Agent:		2: C
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	RIDA 03

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 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.

Even de	c, ana pa	ny Smun, Sr us un Auu.	
Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Lissa A Gon	ralez 9290 sw lob street
Add			Miani, Fz 331
Remove			
2) Change	P	Lissa A. Torre	25 <u>9290 SW 66.</u> Street Miami, Fl 33173
Add			Miami, FC 33173
Remove			
3) Change		_	
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	al sheets, if necessa	rry). (Be specific	7)		
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<u>provisions</u> for i	nt provides for an e implementing the s icable, indicate N/A	amendment if not	ification, or canc contained in the	ellation of issued amendment itsel	shares, f:
·					
					

The date of each amendment(s) adoption:	, if other than the
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(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 D	_
appointed fiduciary by that fiduciary) Lisa A. Torres (Typed or printed name of person signing) Title of person signing)	-