(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

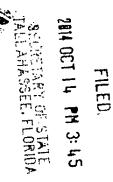
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COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: SEVENTH				
DOCUMENT NUM	BER: P1400002315	55			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ILEANA ARIAS T	OVAR, ESQ.			
		Name of Contact Person	n.		
	ARIAS TOVAR &	ASSOCIATES,	P.A		
		Firm/ Company			
	2250 NW 136TH	AVENUE			
		Address	_		
	PEMBROKE PIN	ES, FL 33028			
		City/ State and Zip Cod	e		
IAF	RIAS@ARIASTOV	/AR.COM			
E-mail address: (to be used for future annual report notification)					
For further informatio	n concerning this matter, pleas	se call:			
ILEANA ARI	AS TOVAR	at (954	, 3852284		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
		Tallahassee, FL 32301			

Articles of Amendment to **Articles of Incorporation** of

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FILED

SEVENTH WAY, CORE										
SEVENIA WAY CURE	$\overline{}$	┌ ~\		N IT	71 I	١٨.	1 A \ /	_	\sim r	חו
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2014 OCT 14 PM 3: 45

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FLORIDA P14000023155

idment(s) to

(Document Number of C	Corporation (if kno	wn)	D
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this <i>Flori</i>	da Profit Corpora	tion adopts the following a
. If amending name, enter the new name of the cor	poration:		T
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the ac	" "Inc," or "Co".	A professional c	ncorporated" or the abb
Enter new principal office address, if applicable:	1	05 N State	Road 7
Principal office address <u>MUST BE A STREET ADD</u> R		Plantation F	L 33317
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	_ ი 1	05 N State	Road 7
		Plantation F	L 33317
P. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent n/a		n Florida, enter th	ne name of the
	(Florida street ad	ldress)	
New Registered Office Address:		, F	lorida
	(City)		(Zip Code)
lew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I		and accept the oblig	gations of the position.
Signature of New	v Registered Agent	if changing	
Signature of New	v Registered Ageni	, 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 <math>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	S	Cintia N. Pl	REZ PORTELA	1037 NE 202nd Lane
Add			•	Miami, FL 33179
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				

Add				
Remove				

E. <u>If a</u> Atta	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)
n/a	(20 spectful)
If au pro	an amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 10/07/2014	
(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 amendme by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
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 10/07/2014 Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en
RAINER KARRY	
(Typed or printed name of person signing)	
PRESIDENT	····
(Title of person signing)	