JUN/11/2014/WED 01:40 PM



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000138000 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number : I20000000146

: (305)444-4994

Fax Number

: (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
third T T	VOCTABOD:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN GROUP D'OR, CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

P. 002

14 JUNII AMII: 27

SECALTATA
ALLAHASSEL, FLOYDA

Articles of Amendment to Articles of Incorporation

Q1					
GROUP D'OR,	CORP				
(Name of Corporation as currently filed with the Florida Dept. of State)					
P1400002	3236				
(Document Number of Corporation (	if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen				
A. If amending name, enter the new name of the corporation:					
	The new				
name must be distinguishable and contain the word "corporatio" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	250 SUNNY ISLES BLVD.				
(Principal office address MUST BE A STREET ADDRESS)	UNIT 3-606 SUNNY ISLES				
	BEACH, FL 33160				
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	250 SUNNY ISLES BLVD.				
	UNIT 3-606 SUNNY ISLES				
	BEACH, FL 33160				
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address  Name of New Registered Agent	ress in Florida, enter the name of the				
(Florida str	rest address)				
New Registered Office Address:	, Florida				
(Ciry)	(Zip Code)				
New Registered Agent's Signature, if changing Registered Agent	•				
I hereby accept the appointment as registered agent. I am familiar v	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 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	<u>PT</u>	John De	<u>0e</u>	
X Remove	<u>v</u>	Mika Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>míth</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	D		NATHALYA ARAUJO D'ELLA	750 SW 34TH ST STE
Add				#202 FT.LAUDERDALE
Remove				FL 33315
2) Change				
Add				
Remove				
3) Change		<b>→</b>		****
Add				
Remove				
4) Change		·		
Add				
Remove				
5) Change		_		
Add				******
Remove				
δ) Change				
Add		<del></del>		
Remove				

If amending or adding additional Articles, enter chan (Attach additional sheets, if necessary). (Be specific)	Rold sace.
	<del></del>
	·
If an amendment provides for an exchange, reclassific provisions for implementing the amendment if not excitate (if not applicable, indicate N/A)  BRUNO K. BENEVIDES	cation, or cancellation of issued shares, ontained in the amendment itself: 50%
ROSALINE LEAL	50%
······································	

The date of each amendme	ent(s) adoption: 6/10/2014	, if other than the
date this document was sign		
Effective date if applicable	e: 06/10/2014	•
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s	s) (CHECK ONE)	
The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/vaction was not required.	were adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/vaction was not required.	were adopted by the incorporators without shareholder action and shareholder	
Dated Of	5/10/2014	
Signature	X Xxx CC	
	(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)	•
	BRUNO K. BENEVIDES	
	(Typed or printed name of person signing)	•
	DIRECTOR	
	(Title of person signing)	•
		14 J