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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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OCT 2 4 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VICTOIRE MAILLEBIAU Firm/ Company MIAMI FL 33196
City/State and Zip Code Vi CTOIRE (W 05 45515 HOP COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is: Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

0D455i U	DRP.
(Name of Corporation as current)	v filed with the Florida Dept. of State)
PIUN	MM29817
(Document Number of	Corporation (if known)
(150cument symbol 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 amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u></u>	5 5
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent	
tFlorida str	eet address)
W . n	N
New Registered Office Address:	(City) (Zip Code)
	,,
New Registered Agent's Signature, if changing Registered Agent	
Thereby accept the appointment as registered agent. I am familiar v	
Signature of New R	egistered 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Joi	nes		
X Add	<u>sv</u>	Sally Sir	n <u>ith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change	<u>VP</u>	_	ELEONILE DE	LA VEGA	11113 SW 148th RAC MIGMI, FC 33196
X Add					
Remove					USA
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
51 Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	<u> </u>		
			 -	
				-
		-		
				_
15		41		
If an amendment provides for an exch	lange, recrassifica	tion, or cancenation	on or issued snares,	
provisions for implementing the ame (if not applicable, indicate N/A)	<u>nament ii noi con</u>	tained in the amer	iament itseii:	
(if not applicable, indicale N/A)				
			 -	
		- -		
			 -	-
·				

The date of each amendment(s) adoption:	, if other than the
•	
Effective date if applicable: (no more than 90 days after amendment file date)	
the more than 50 days after amenament the date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 east 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	
Signature VM aulubl	_
(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)	
(Typed or printed name of person signing)	
CEO + RESIDENT.	
(Title of person signing)	

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