# P14000032970

(Requestor's Name)					
(Address)					
_					
_					
_					
_					
7					

Office Use Only



500263706145

09/02/14--01020--018 \*\*105.00

NOTION OF CAROLANTER

SECRETARY OF STATE

THE SECRETAR

C. LEWIS

SEP 9 2014

EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

...**...** 

NAME OF CORPORATION: INVESTMENT INTERNATIONAL 003 CORP					
DOCUMENT NUMBE	<sub>cr:</sub> P140000329	970			
The enclosed Articles of	Amendment and fee are sub	omitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
F	POSADA SANI	DREA, ALEXA	NDRA L		
INVESTMENT INTERNATIONAL 003 CORP					
	19111 COLLINS AVE APT 1507				
5	SUNNY ISLES, FL 33156				
City/ State and Zip Code					
CATELLEZ1@HOTMAIL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ALEXANDR	A L POSADA	at (786	, 606-8165		
Name of	Contact Person		e & 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		

#### 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

is enclosed)

## **Articles of Amendment**

Articles of Incorporation of

Investment	Interna	tional 00	3 C	orf
(Name of Corporation as currently file	ed with the Florida Dept.	of State)	_	/
PHO	MM 3197	<u>~</u>		
(Document Number of C	Corneration (if known)	<u> </u>	_	
· ·	•			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profi	t Corporation adopts the following	ng amendm	ient(s) to
A. If amending name, enter the new name of the cor	rporation:			
			The ne	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co". A profi abbreviation "P.A."	y," or "incorporated" or the e essional corporation name must	abbreviatio Contain th	n 1e
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			_	
(1) melpur office united to the parties of the part				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>		14 SE	TWEE
D. If amending the registered agent and/or registere	ad office address in Florid	a antor the name of the	P-2	
new registered agent and/or the new registered o		a, enter the hame of the	PH	정의로
			<del></del>	1 3
Name of New Registered Agent		1 11 11 11 11 11	27	
	(Florida street address)		_	774
New Registered Office Address:		, Florida		
	(City)	(Zip Code)	_	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I  Signature of New			·	

# 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	PT	John Doe			
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	PT	WILLIAM POSADA	19111 COLLINS AVE		
Add			APT 1507		
Remove			SUNNY ISLES, FL 33156		
2) Change					
Add					
Remove					
3) Change			,		
Add					
Remove					
4) Change					
Add	<del></del>				
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach a literature	idding additional Artic I sheets, if necessary).	ticles, enter change(s) here:
Auacn addiliona	: sneets, ij necessary).	(Be specific)
<u>-</u>		
	·	
	<del></del>	
		<del></del>
	<u> </u>	
<u>If an amendmen</u>	t provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not appli	mplementing the amei cable, indicate N/A)	endment if not contained in the amendment itself:
(у ног арра	tune, maicule maj	
	-	
-		

• • • •		رة الله ( الله الله الله ( الله الله الله	OF STATE	
The date of each amendmen	t(s) adoption: 08/25/2014	MAIDION on C	JEGINAL STATE	, if other than the
date this document was signed  Effective date if applicable:	ı. 08/25/2014	14 SEP -2	PM 1:27	
Effective date in appreciate.	(no more than 90	days after amendmen	file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
	re adopted by the shareholders. The ere sufficient for approval.	number of votes cast fo	or the amendment(s)	
	re approved by the shareholders thro ed for each voting group entitled to v			
"The number of vote	s cast for the amendment(s) was/were	sufficient for approva	l	
<sub>by</sub> 100 %			,,	
· · · · · · · · · · · · · · · · · · ·	(voting group)	<del>"</del>	•	
The amendment(s) was/we action was not required.	re adopted by the board of directors	without shareholder act	ion and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators with	out shareholder action a	nd shareholder	
Dated_08/2	25/2014 Nexandre	- Porel	1	
So	By a director, president or other office elected, by an incorporator – if in the oppointed fiduciary by that fiduciary)			
	ALEXANDRA L. POSA	DA SANDREA		
	(Typed or pr	rinted name of person s	igning)	
	PRESIDENT			
	(Titl	e of person signing)		