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And

AUG 01 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company 26205 SW 144th Ave Apt Address Homestead, F1. 33032 City/ State and Zip Code major league 2 @ gmail. con
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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			4
to Articles of Incorporation		FILE	(ΞI)
1510 (a)	14	JUL 21	
rrently filed with the Florida Dept. of State)	1 41 6		
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(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1066. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent Domingo Ramos 26205 SW 144th Aup Apt 324, Horestead, F (Florida street address)
New Registered Office Address: Home Stead Florida 33032 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar 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.

Example: X Change	<u>PT</u>	John D	oe						
X Remove	$\underline{\mathbf{V}}$	<u>Mike J</u>	ones						
X Add	<u>SV</u>	Sally S	mith						
Type of Action (Check One)	Title		Name				<u>Addres</u> s		
1) Change	P		Gabri	el A	Cruz	_ 5r	485 Bric	Kell An	e
Add	·						Apt 390		
Remove			_				F1 3313	<u> </u>	
2) Change	P	_	Domin	90 K	anos	_ 2	26205 50	~ 144th	Ðy
Add							Apt 321	4	
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3) Change	<u> </u>	<u>. </u>	()mar	Mila	ino	_		;+h Ave	-
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4) Change		_		 .		•			
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5) Change						_			
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rovisions for it	t provides for an ex inplementing the ai	mendment if not	contained in the	amendment itse	<u>sigivs.</u> lf:
(if not applie	cable, indicate N/A))			_
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 6/12/2014	
Signature CMmm LmmL	
(By a director, president or other officer – if threetors 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)	
Omar Milano (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
P	
(Title of person signing)	-