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C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: FTI 3305 CORP DOCUMENT NUMBER: P14000049552 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN CARLOS ABAD Name of Contact Person FTI 3305 CORP Firm/ Company 1331 BRICKELL BAY DRIVE Address MIAMI, FL 33131 City/ State and Zip Code juancarlos@offsetabad.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN CARLOS ABAD 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 Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

FTI 3305 CORP

14 NOV 26 AM 2: 43

SECRETARY CLASIATE TALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) P14000049552 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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: CROSSWORLD PARTNERS & CO. Name of New Registered Agent 6161 BLUE LAGOON DRIVE, SUITE 255-B (Florida street address) MIAMI New Registered Office Address: (City) New Registered Agent's Signature/if changing Registered Agent: I hereby 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	FELIPE GARCIA	520 BRICKELL KEY DRIVE
Add			UNIT 1006
Remove		,	MIAMI, FL 33131
2) Change	PT	JUAN CARLOS ABAD	1331 BRICKELL BAY DRIV
Add			UNIT 3305
Remove			MIAMI, FL 33131
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
несельи эпсего, у песеляну).	(no specific)			
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:			
(if not applicable, indicate N/A)	numerical not contained at the amendment riser.			
	The state of the s			
	-			

The date of each amendment(s) ado	ption:	, 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)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated OCTOBE	R 28TH, 2014	
Signature		
(By a dire selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
J	UAN CARLOS ABAD	
_	(Typed or printed name of person signing)	
F	PRESIDENT	
	(Title of person signing)	