P14000049552

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

		<u>COVER LETTER</u>		
TO: Amendment Sec Division of Corp				ALL SI MA 9. 10
NAME OF CORPO	RATION: FTI 3305 CORP			
DOCUMENT NUM	BER: P14000049552			
	of Amendment and fee are su	bmitted for filing.		7
Please return all corre	espondence concerning this ma	tter to the following:		53
	MARIA VERONICA INTRI	AGO		
		Name of Contact Persor		
	FTI 3305 CORP	Name of Contact Persor	1	
		Firm/ Company		
	220 SW 136TH AVE	, ,		
		Address	,	
	MIAMI FL. 33184			
		City/ State and Zip Code	3	
info(@audimco.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
MARIA VERONICA	\ INTRIAGO	786 at (4861540	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	_
Enclosed is a check to	or the following amount made p	payable to the Florida Depa	rtment 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 is enclosed)	
Am Div P.C	iling Address endment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

FTI 3305 CORP



P14000049552			- * 3
(Docun	nent Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607,1006. Floridates Articles of Incorporation:	a Statutes, this Florida Profit Co	rporation adopts the following ar	nendment(s) to
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A profession	or "incorporated" or the abbre	ne new eviation tain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)		
			
D. If amending the registered agent and/or register new registered agent and/or the new registered.		iter the name of the	
			
	(Florida street address)		
New Registered Office Address:		Florida	
	(Cay)	(Zip Code	ソ
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept th	e obligations of the position,	
	•		
Signo	ature of New Registered Agent, ij	f 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:	e, ana sa	ny smun, sv as an Ada.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	JUAN CARLOS ABAD	11231 NW 20TH ST
Add			UNIT 140-131
Remove			MIAMI FL. 33172
2) Change	Р	MARIA VERONICA INTRIAGO	11231 NW 20TH ST
X Add			UNIT 140-131
Remove			MIAMI FL. 33172
3) Change			<u> </u>
Add			
Remove			.
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
	 -
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	1
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

ate this document was signed.	ption: if other than t
ffective date if applicable:	
	010 more than 90 days after amendment file date)
lote: If the date inserted in this b ocument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
doption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	ed by the shareholders. The number of votes cast for the amendment(s) cient 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	r the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were ado action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	ed by the incorporators without shareholder action and shareholder
07/20/2017	
Dated Signature <i>VO</i>	ruis sutuspo au touer
(By a di selected	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
	IARIA VERONICA INTRIAGO
	(Typed or printed name of person signing)
	RESIDENT

(Title of person signing)