

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000089380 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GFB TAX SERVICE LLC

Account Number : I20120000047

Phone

: (754)246-6160

Fax Number

: (954)510-2072

\*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

Email Address: GASTONBELEN@GFBTAXSERVICE.COM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **NINE 2211 CORP**

	4:50	
1	15 1.	4
e primare	EACT	1
1.3.1		
(**)		٠,
مرب.» شده	OLC:	
	G <sub>a</sub>	٠, ٠
-		ş.,
	10	The second second

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

H16000089380 3

Electronic Filing Menu

Corporate Filing Menu

Help

04/11/2016

12:46 PDT

FROM: 9545102072 TO:18506176380

H16000089380 3

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NINE 2211 CORP

P14000054119

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASTON BELEN

Name of Contact Person

GFB TAX SERVICE LLC

Firm/ Company

2833 EXECUTIVE PARK DR SUITE 200

Address

WESTON, FL 33331

City/ State and Zip Code

## GASTONBELEN@GFBTAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN

Name of Contact Person

754 , 246-6160

Area Code & 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 is enclosed)

**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

Page: 4

H16000089380 3

Articles of Amendment to Articles of Incorporation

NINE 2211 CORP			
(Name of Corporation as currently filed with the Florida Dept. of State) P1400054119		-	
(Document Number of Corporation (if known)	to describe a setting of	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation addits Articles of Incorporation:	pts the followin	g amendr	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The ne	ew e
name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation of the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	-	
	<del></del>	-	
C. Francisco - 22-reald-section - Bankley		<b></b>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_	
		<u>.</u> .	
	·	-	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	of the		
Name of New Registered Agent			
, tFlorida street address)	Ď.	κp	
New Registered Office Address: Florida			च्य <u>ात</u>
City)	(Zip (but)	APR	Carriero Registrator
	Ser C	_	
New Registered Agent's Signature, if changing Registered Agent:	in in in it. Station - and	$\triangleright$	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations	oj ine position.	<b>∷</b> 5	"Eras"
Signature of New Registered Agent, if changing	28		

Example:

Page:

5

## H16000089380 3

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 udditional 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.

A Change	PI John	<u>i Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
<u>X</u> Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PVST	GABRIELA CIANNI	C/O GFB 2200 N. COMMERCE PARKWAY
, Add	<del>,</del>		SUITE 200
X Remove			WESTON, FL 33326
2) Change	MGR	GASTON F BELEN	C/O GFB 2833 EXECUTIVE PARK DR
X Add	<del></del>		SUITE 200
Remove			WESTON, FL 33331
3 ) Change			and the same of th
Add			
Remove			
4) Change	•-# <del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	•		
Add			
Remove			

04/11/2016 12:46 PDT TO:18506176380 FROM:9545102072 Page: 6

H16000089380 3

E. If amending or adding additional Articles, enter change(s) here:
(Attach udditional sheets, if necessary). (Be specific) THE MANAGERS OF THIS COMPANY WILL NOT HAVE THE POWER TO SELL,
TRANSFER, DISPOSE, CONVEY OR OTHERWISE ENCUMBER ANY OF THE
COMPANY'S PRESENT OR FUTURE REAL ESTATE PROPERTY WHICH
SHALL REQUIRE WRITTEN APPROVAL BY ACT OF ALL THE MEMBERS.
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 $NA$ )

04/11/2016 12:46 PDT

TO:18506176380 FROM:9545102072

Page: 7

H16000089380 3

The date of each amendment(s) ad	104/11/2016
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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)
action was not required.	pted by the board of directors without shareholder action and shareholder  pted by the incorporators without shareholder action and shareholder
Dated 04/11	/2016
selected	rector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	GASTON F BELEN
	(Typed or printed name of person signing)
	(Title of person signing)