Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H15000118727 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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146 Phone : (305)444-4994

Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN **ARM 4202, INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

				"" O	1
					£ 1
				2	2
	Articles of Am	endment		•	<u>-</u> -
À	rticles of Inco	poration		; c	
	of	•			
Arm 4202, IM	<u> </u>				ńن
(Name of Corporation as currently fil	ed with the Flo	rida Dept. of State		33 S	23
41400000092 AI					
(Document Number of C	Corporation (if)	crown)		·· — ·	
Pursuant to the provisions of section 607.1006, Florida	Statutes, this P.	lorida Profit Corpo	ration adopts the	following am	endment(s) to
its Articles of Incorporation:			_	_	
A. Hamending name, enter the new name of the con	rporation:				
(
name must be distinguishable and contain the word	/ =+Amanatlan	" "aamaama " an	"Incompresed"		new righter
"Corp.," "Inc.," or Co.," or the designation "Corp.,	" "Inc," or "C	o". A professiona	l corporation na	ne musi conta	in the
word "chartered," "professional association," or the	bbreviation "P	A."	•		
B. Enter new principal office address, if applicable:					
(Principal office address MUST BE A STREET ADD.			17		
	-				
;			,		
ł					
C. Enter vew mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	ln.		i Δ.		
transming market feet 100 VI O111CO DOS			111		
	•,		·		
•		\sim	1		
D. If amending the registered agent and/or register		es in Florida, ente	r the name of the	2	
new registered agent and/or the new registered t	ATDCS MOULTS:				
Name of New Registered Agent		1			
	`	1 1/2			
	(Florida stree	s aldress,			
New Registered Office Address:		•	Florida		
Hen Reymond Office Address.	(City)			Code)	
		,			
New Resistered Agent's Signature, if changing Regi		ï			
I hereby accept the appointment as registered agent.	I am familiar wi	ith and accept the o	bligations of the	postilon.	
. Signature of Ne	w Registered Ag	ent, if changing			

If amending the Officer address of each Officer (Attach additional sheets, Please note the officer/di. P = President; V = Vica Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D , if necess rector titl President = Chief I er, Directo I in the fo rves the c	itroctor i sary) is by the j i; T= Tre Financial for would llowing n corporation	séing added: first letter of the óffi easurer; S= Secreta ! Officer. If an offi be PTD. nanner. Currently. on, Sally Smith is no	ice title: ry; D= Director; TR= 1 cer/director holds more John Doe ts listed as the	Trustee: C = Chatn than one title, list t PST and Mike Jone	nan or Clerk; CEO = the first letter of each as is listed as the V. 2	= Chief k office There is
Example: X.Change	PT	John D	<u>oe</u>				
X Remove	¥	Mike J	08 cs				
"X Add	<u>sv</u>	Sally S	<u>mith</u>				
Type of Action (Check One)	Title		Natue		Address		
1) Change	129	7	German	Posete	18971 (Sunnu	Ollins A	_ :
Add Remove				j k	33169)	
2)Change	<u>S</u>	_	Senny	n Hemande		Collins TSles	AUR, 4202 Ex
Remove					33160)	
3) Change		_	, , ,				
Add							
Remove							
4) Change		_		· · · · · · · · · · · · · · · · · · ·			
Add				`			
Remove				- .		<u> </u>	
5)Change						· · · · · · · · · · · · · · · · · · ·	
Add							
Remove							
6)Change							
Add							
Remove				* 			

Page 2 of 4

mending or adding additional Artic aob additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	·
- · · · · · · · · · · · · · · · · · · ·	
	<u> </u>
•	
······································	
	•
	,
	The second secon
n amendment province for an exce- evisions for implementing the ame	hange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
(if not applicable, indicate N/A)	•
	•
	<u> </u>
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	- M- '
	// >/
	· \

Page 3 of 4

The date of each amendment(s) adoption: 5/14/15
The colors district the contract of the contra
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 east 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 5/14/15
Signature
(By a director, preddent or other officer — if directors 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)
Sensity Hernander (Typed or printed name of person signing)
Secretary
(Title of person signific)

Page 4 of 4