## P14000014143

| (Requestor's Name)                      |
|---|
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: CONDOR SPECIALTY SERVICES INC   |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
| DOCUMENT NUMI  | BER: P140000747                            | 743   |  |  |  |  |
|  | of Amendment and fee are sub               |   |  |  |  |  |
| Please return all corre  | spondence concerning this mat              | ter to the following:   |  |  |  |  |
|  | SONIA RETAN                                | COURT EST   | =\/F7  |  |  |  |
| SONIA BETANCOURT ESTEVEZ  Name of Contact Person   |  |   |  |  |  |  |
| CONDOR SPECIALTY SERVICES INC  |  |   |  |  |  |  |
|  | Firm/ Company                              |   |  |  |  |  |
| 13336 SW 113 CT  |  |   |  |  |  |  |
|  | Address                                    |   |  |  |  |  |
|  | <b>MIAMI FL 3317</b>                       | 76  |  |  |  |  |
|  |  | City/ State and Zip Code  |  |  |  |  |
| CO   | ndorssi@yahoo                              | .com  |  |  |  |  |
|  |  | ed for future annual report r   | notification)  |  |  |  |
|  |  |   |  |  |  |  |
| For further informatio   | n concerning this matter, pleas            | e call:   |  |  |  |  |
| SONIA BETANCOURT ESTEVEZ at (305 ) 205-0193  |  |   |  |  |  |  |
| Name   | of Contact Person                          |   | e & Daytime Telephone Number   |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |  |   |  |  |  |  |
| ■ S35 Filing Fee   | □S43.75 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 |  |  |  |  |

## **Articles of Amendment** to **Articles of Incorporation** of



## CONDOR SPECIALTY SERVICES INC

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

| P1 | 1 | N | N   | N  | N  | 7 | 4 | 7/  | เว   |
|----|---|---|-----|----|----|---|---|-----|------|
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(Document Number of Corporation (if known)

ndment(s) to

| A TO 10  |  |                |
|--|--|----------------|
| A. If amending name, enter the new name of t   | the corporation:   |                |
|  | The  |                |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o | e word "corporation," "company," or "incorporated" or the abbrevi<br>"Corp." "Inc," or "Co". A professional corporation name must contain<br>for the abbreviation "P.A." | ation<br>n the |
| B. Enter new principal office address, if appli<br>(Principal office address MUST BE A STREET  |  |                |
| <u></u>  | ,  |                |
|  |  |                |
|  |  |                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  | E BOX)   |                |
|  |  |                |
|  |  |                |
|  |  |                |
|  |  |                |
|  | gistered office address in Florida, enter the name of the  |                |
| D. If amending the registered agent and/or re<br>new registered agent and/or the new regist  |  |                |
| new registered agent and/or the new regist   |  |                |
| new registered agent and/or the new regist   | tered office address:  |                |
| new registered agent and/or the new regist   | tered office address:  |                |
| new registered agent and/or the new regist  Name of New Registered Agent   | (Florida street address)   |                |
| new registered agent and/or the new regist  Name of New Registered Agent   | tered office address:  |                |
| new registered agent and/or the new regist  Name of New Registered Agent   | (Florida street address)   |                |
| new registered agent and/or the new regist  Name of New Registered Agent   | (Florida street address) , Florida (City) (Zip Code)   |                |

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 Doc              |                 |  |  |  |
|----------------------------|---------------------------------------|-----------------------|-----------------|--|--|--|
| X Remove                   | <u>V</u>                              | Mike Jones            |                 |  |  |  |
| X Add                      | <u>sv</u>                             | Sally Smith           |                 |  |  |  |
| Type of Action (Check One) | <u>Title</u>                          | <u>Name</u>           | Address         |  |  |  |
| 1) Change                  | PT                                    | SONIA BETANCOURT      | 13336 SW 113 CT |  |  |  |
| Add                        |                                       |                       | MIAMI FL 33176  |  |  |  |
| Remove                     |                                       |                       |                 |  |  |  |
| 2) Change                  | PT                                    | SONIA BETANCOURT ESTI | 13336 SW 113 CT |  |  |  |
| <b>✓</b> Add               |                                       |                       | MIAMI FL 33176  |  |  |  |
| Remove                     |                                       |                       |                 |  |  |  |
| 3) Change                  |                                       |                       |                 |  |  |  |
| Add                        |                                       |                       |                 |  |  |  |
| Remove                     |                                       |                       |                 |  |  |  |
| 4) Change                  | <del></del>                           |                       |                 |  |  |  |
| Add                        |                                       |                       |                 |  |  |  |
| Remove                     |                                       |                       |                 |  |  |  |
| 5) Change                  | · · · · · · · · · · · · · · · · · · · |                       |                 |  |  |  |
| Add                        |                                       |                       |                 |  |  |  |
| Remove                     |                                       |                       |                 |  |  |  |
| 6) Change                  |                                       |                       |                 |  |  |  |
| Add                        |                                       |                       |                 |  |  |  |
| Remove                     |                                       |                       |                 |  |  |  |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)  |             |
|---|-------------|
| N//A  |             |
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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) |             |
| N/A   |             |
|   |             |
|   |             |
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| <del> </del>  | <del></del> |
|   |             |
|   |             |

| The date of each amendment(s) adoption: SEPTEMBER 23, 2014   | , if other than the |
|--|---------------------|
| date this document was signed.   |                     |
| Effective data if applicables N/A  |                     |
| 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)  |                     |
| (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 SEPTEMBER 23, 2014   |                     |
| Signature Some Betanequet The  |                     |
| (By a director, president or other officer - if directors of officers have not been  |                     |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |                     |
| SONIA BETANCOURT ESTEVEZ   |                     |
| (Typed or printed name of person signing)  |                     |
| PRESIDENT  |                     |
| (Title of person signing)  |                     |