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Amend 1a 11. Lo, 14

COVER LETTER

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>486</u>) <u>5376460</u> Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

14 OCT 27 PH 3:30

Name of Corporation as extrently filed with the Florida Dept. of State)	2) A
Name of Corporation as extrently filed with the Florida Dept. of State)	77
(Name of Corporation as currently filed with the Florida Dept. of State)	
P14000076246	
(Document Number of Corporation (if known)	
• • •	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following a its Articles of Incorporation:	amendment(s) to
A. If amending name, enter the new name of the corporation:	
7	he new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must co, word "chartered," "professional association," or the abbreviation "P.A."	reviation
B. Enter new principal office address, if applicable: 8765 NW 98 (5)	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Liam Floriela	
33178	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 8765 WW 98 C7	_
(Mailing address MAY BE A POST OFFICE BOX) Miomi Floriola	
<u>83178</u>	
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:	
Name of New Registered Agent Cmidio M DataR	20.70
8765 NW 98 Cf Mianu Mouda 3 (Florida street address)	33178
	Y
New Registered Office Address: Mrawi Florida 33/8	
(Chy) (Elp Code)	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. Nath familiar with and accept the obligations of the position.	

Page 1 of 4

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 D	loe		
X Remove	V <u>Mike J</u>	ones		
X Add	SV Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	<u>V</u> .	Toe Concreto Magzone	8765 NW 98CT	
Add		ω	Mami Florida	
Remove			33178	
2) Change	\bigvee	stelhanoul	Serra 13765w1817 Peur broke Pinos	h do
Add			fembrote fines	f 2 35029
Remove 3) Change	\checkmark	Stelhano Mo Gue	rta	
Add				
Remove				
4) Change				
Add				
Remove			····	
5) Change	 			
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	.
	The Parity - 13-77 (ASSESS - 11) - 7-7-7-7-7 (11) - 7-7-7-7
· · · · · ·	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
rovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: $O(t_0 hor /5 - 90/2)$, if other than the								
date this document was signed.								
Effective date if applicable: (no more than 90 days after amendment file date)								
(no more than 90 days after amenament 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 "Willow O " " " " " " " " " " " " " " " " " "								
(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 10-15-2014								
Signature Signature								
(By a director, prestdent 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)								
Emidio M Dinatale								
(Typed or printed name of person signing)								
(Title of person signing)								