## P14000077086

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SCORETARY OF STATE OF STATE OF SCORETARY OF GORPONSTION

CLENNE

## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: PRACMA CORP		
DOCUMENT NUMI	D14000077086		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	,
Please return all corre	spondence concerning this ma	tter to the following:	,
	HUMBERTO ANGEL		
		Name of Contact Pers	on
		Firm/ Company	
	3771 BEACON RIDGE WA	Υ .	•
		Address	
	CLERMONT FL 34711		•
		City/ State and Zip Co	de
For further information	E-mail address: (to be us	sed for future annual repor	t notification)
	,		
HUMBERTO ANGEI		at (	)
Name o	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	partment 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)
Ame Divi	ling Address ndment Section sion of Corporations Box 6327	Amen Divisi	t Address dment Section on of Corporations n Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SEGRETARY OF STATE DIVISION OF GORPAGATIONS

15 AUG -3 PM 2: 25

	rently filed with the Florida Dept. of Stat	<u>e</u> )	
P14000077086			
(Document Numl	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the	following amendm	ient(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>		
		The ne	w
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation nan		
B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDRESS)		1	
(Principal office address MUST BE A STREET ADDRESS)	CLEDA (ONT DI 1471)		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	CLERMONT FL 34711		٧.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	CLERMONT FL 34711		
	CLERMONT FL 34711		· .
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	CLERMONT FL 34711  3771 BEACON RIDGE WAY		

(Florida street address)

New Registered Office Address: , Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

Name of New Registered Agent

PRACMA CORP

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

Signature of New 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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name .		<u>Addres</u> s
1) Change	<del>*                                    </del>	<del></del>		,`,
Add				
Remove	. •			
2) Change	<del></del>			<u> </u>
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5) Change				
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6) Change				· ·
Add				-,`
Damaua		,		•

(Attach additional sheets, i	ditional Articles, enter change(s necessary). (Be specific)	LIMIA		
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. If an amendment provide	s for an exchange, reclassificatio	n, or cancellation of issued	shares,	
provisions for implemen (if not applicable, ind	ting the amendment if not contain icate N/A)	ned in the amendment itsel	<u>lf:</u>	:
200		*	. •	
			<u> </u>	<del>-</del>
			<del></del>	

The Just of a		7/30/2015	if ashan show the
	ach amendment(s) a ment was signed	aoption;	, if other than the
date tills docu	•	01/2015	FILED
Effective date	e <u>if applicable</u> :	DIVISIO	VOF ROUS SIACE
		(no more than 90 days after amendment file date) 15 AU	3-3 PM 2: 2-
		block does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
Adoption of A	Amendment(s)	( <u>CHECK ONE</u> )	
		opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
		proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	·
"The	number of votes case	for the amendment(s) was/were sufficient for approval	
. by		"	
		(voting group)	
	Iment(s) was/were ad not required.	opted by the board of directors without shareholder action and shareholder	
·			•
	ment(s) was/were ad not required.	opted by the incorporators without shareholder action and shareholder	
vaction was	not required.		: •
	7/30/2015	h	
	Dated		
36.7	Signature K		
·	(By a c	lirector, president or other officer - if directors or officers have not been	<del></del>
		ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
•		nted fiduciary by that fiduciary)	•
	• • •	HUMBERTO ANGEL	
		(Typed or printed name of person signing)	
		(1) ped of printed famile of person diginity)	
, A*		PRESIDENT	
*	•	(Title of person signing)	