## PHOCOBINO

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE TALLATIASSEE. FI ORIDA

SEP 1 1 2015

## **COVER LETTER**

Division of Corporations 140 INVESTMENT CORP. NAME OF CORPORATION: P14000081710 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FLORINDA GONZALEZ Name of Contact Person 140 INVESTMENT CORP Firm/Company 5242 SW 154 PL Address MIAMI, FL 33175 City/ State and Zip Code luxurybayside@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FLORINDA GONZALEZ 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: \_...\_: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status manus reasonates are manus reasonates (Additional copy is a compared Gertified Copy reasonates are assured as a construction of the construction o enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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

## Articles of Amendment to Articles of Incorporation of

140 INVESTMENT CORP.

	oration as currently filed with the Flo	ride Dent of State)
(Name of Corp.	oration as currently theu with the Fig	niua Dept. of State)
P14000081710		
(D	ocument Number of Corporation (if known	own)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this Florida Profit Corp	poration adopts the following amendment(s) t
A. If amending name, enter the new name of t	he corporation:	•
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co". A profession	
B. Enter new principal office address, if appli-	cable:	
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	F ROY)	
(muning univess MAT BE A LOST OF FICE	<u> </u>	
		SE >
D. If amending the registered agent and/or re-		er the name of the
new registered agent and/or the new regist	ered office address:	- SSE
Name of New Registered Agent		
		1 4: 5:00
40	(Florida street address)	
	(Florida street address)	ATE OF
New Registered Office Address:	(Florida street address) (Citv)	, Florida

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 E	<u>Doe</u>				
X Remove	<u>v</u>	Mike J	<u>Iones</u>				
X Add	<u>sv</u>	Sally S	Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s		
1) Change	TRS	<u>SR</u>	_GONZALEZ,	FLORINDA	13785 SW 34 ST	<del></del>	
Add					MIAMI, FL 33175		
_x_ Remove						· ·	
2) Change X Add	TRSR		GONZALEZ	z, FLORINDA	5242 SW 154 PL MIAMI, FL 33185	<u> </u>	
Remove							
3)Change	<del></del>		2410		<del></del>		E
Add						STATE LORIDA	الم المعنف
4) Change		<del></del>		······································		<del></del>	<del>-</del> -
Remove	and the second second second second						71.274
5) Change		_					
Add						<u> </u>	
Remove	•				<del></del>		
6) Change	<del></del> ,	,			· · · · · · · · · · · · · · · · · · ·	<del></del>	
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	O7 REF
f 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)	
	The state of the s
	<del> </del>
	<del>,</del>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SECRET
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	FILED ASSEF, F
Dated9\2\15-	STATE FLORID
Signature  (By a director, president 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)	
, FLORINDA GONZALEZ	,
(Typed or printed name of person signing)	
President	
(Title of person signing)	