# P14000091586

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

C.L.19.15

#### **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPO	EZ CLUB   BER: P1400009158	HOUSE INC			
	of Amendment and fee are su				
Please return all corre	spondence concerning this man	tter to the following:			
	JOSE MANUEL (	GUERRERO			
Name of Contact Person FENIX 5H MULTISERVICES, INC.					
Firm/ Company 18191 NW 68tH AVE SUITE 222					
	HIALEAH, FL 330	Address 015			
Τ.	VODE CIAL IOTUO	City/ State and Zip Cod			
IA	E-mail address: (to be us	A@GMAIL.CON sed for future annual report			
For further informatio	n concerning this matter, pleas	se call:			
JOSE MANL	IEL GUERRERO	<sub>at (</sub> 786	, 838 8293		
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made p	payable to the Florida Depa	artment 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 Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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



15 FEB 18 PM 3:21

### **EZ CLUB HOUSE INC**

(Name of Corporation as currently	y filed with the Flor	ida Dept. of State)		
P140000915810				
(Document Number	of Corporation (if ki	iown)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Flo</i>	orida Profit Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
EZ Clubhouse, Inc.				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co	". A professional corporati		bbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			<u> </u>	
			·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOV)			
(maining uturess <u>MAT BE A POST OFFICE I</u>	<u> </u>			•
	-			
D. If amending the registered agent and/or regis		in Florida, enter the name	of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:	(Citv)	, Florida	(Zip Code)	
	(0)		(Esp Cour)	
New Registered Agent's Signature, if changing For the large the appointment as registered agent.		and accept the obligations	of the position.	
Signature of	New Registered Age	nt, 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 <math>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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	JOSE L. CASTRO	19521 STERLING DR.
Add			MIAMI, FL 33157
Remove			
2) Change	VP	JOSE L. CASTRO	19521 STERLING DR.
Add			MIAMI, FL 33157
Remove			
3) Change	VP	SUNY L. CHIRINOS	19521 STERLING DR.
Add			MIAMI, FL 33157
Remove			
4) Change	P	SUNY L. CHIRINOS	19521 STERLING DR.
Add			MIAMI, FL 33157
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				
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				

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) ad	option: N/A	DIVISION OF C	ORPORATIONS	, if other than the
date this document was signed.		15 FEB   8	PM 3: 21	
Effective date if applicable: 11/2	24/2014			<u></u>
<del></del>	(no more than	90 days after amendment file o	date)	
•				
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were adop by the shareholders was/were suf		he number of votes east for the	amendment(s)	
The amendment(s) was/were appropriately provided for a				
"The number of votes cast f	•	• •		
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(voling group)			
The amendment(s) was/were adoption was not required.	oted by the board of directo	ors without shareholder action a	nd shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators w	ithout shareholder action and sl	narcholder	
Dated_01/30/20	15			
Signature	Opposite the second	•		
(By a d		ficer – if directors or officers h		
	by an incorporator – if in ed fiduciary by that fiduciar	the hands of a receiver, trustee.  y)	or other court	
	JOSE LUIS CASTRO	)		
•	(Typed o	r printed name of person signin	g)	_
	PRESIDENT			
-	(	Title of person signing)		<del></del>