# P.M. 600097866

(Re	equestor's Name)	
(Ad	ldress)	·
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
Special Instructions to	Filing Onicer.	
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Office Use Only



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JAN 26 2014

Sec. 644.

C. CARROTHERS



January 6, 2015

3216 NINE INC 444 BRICKELL AVE 760 MIAMI, FL 33131

SUBJECT: 3216 NINE INC Ref. Number: P14000097866

We have received your document for 3216 NINE INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK ONE BOX ON PAGE 4 OF 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 015A00000181

www.sunbiz.org

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### **COVER LETTER**

NAME OF CORPORATION: 3016 NING INC.  DOCUMENT NUMBER: P14000097866				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Senrifer Hernandez				
3216 WIVE TIME				
999 SW 1 St ave; 3216				
Miani, FL 33130				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (305) 731 - 4714  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				

TO: Amendment Section

Division of Corporations

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

3216 Nine Inc.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
DIUMMONOGO	E C SELA
(Document Number of Corporation (if	3-27
(Document Number of Corporation (i)	RHOWII)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MA	
name must be distinguishable and contain the word "corporation,	" "company" or "irror protected" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C	
word "chartered," "professional association," or the abbreviation "P	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	444 Brickell ave, 760
(Timesput office dudiess most bis A STREET ADDRESS)	Manu, + C 33/3/
C. Enter new mailing address, if applicable:	/ .A
(Mailing address MAY BE A POST OFFICE BOX)	
	10 1 1
	1
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	· . ^
Name of New Registered Agent	
CI. No.	
(Florida stree	address)
New Registered Office Address:	, Florida
(Čity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	. \
I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
<b>U</b>	
Signature of New Registered Ag	gent, 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<del></del>		
2) Change Add Remove 3) Change Add			
Remove  4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

ttach <i>additiond</i>	adding additional A I sheets, if necessary,	). (Be <mark>spe</mark> cific <sub>)</sub>	)		
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rovisions for	t provides for an ex mplementing the an	cnange, reciass nendment if not	contained in the	amendment itsel	<u>snares,</u> <u>f:</u>
(if not appl	cable, indicate N/A)				
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The date of each amendment(s) adoption	W/A	, if other than
date this document was signed.	NIA	II outer man
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	amendment(s) was/were sufficient for approval	
ьу	(voting group)	
action was not required.	by the board of directors without shareholder action and shareholder	
action was not required.	by the incorporators without shareholder action and shareholder	
Dated 19   1	110	
Signature	0197	<u></u>
(By a directly selected by a	r, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fic	duciary by that fiduciary)	
	SCON MUHINEZ DE LEON (Typed or printed name of person signing)	1
	FFICER	
	(Title of person signing)	