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COVER LETTER

TO: Amendment Section

Division of Corporations	I				
NAME OF CORPORATION:	S Chropanotic, INC				
DOCUMENT NUMBER: P1400	0100526				
The enclosed Articles of Amendment and fee ar	e submitted for filing				
The enclosed functions of functional and fee of	Submitted 151 Ming.				
Please return all correspondence concerning this	matter to the following:				
Antomi	ALVANCE				
	Name of Contact Person				
	Firm/ Company				
<u> </u>	Hospital Un # 307				
O	Address				
Y	mutation, 12 33311				
	City/ State and Zip Code				
URTA	LVAREZ G GMA: 1-com.				
E-mail address: (to b	E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, γ	ease call:				
Antonio Alvaner	at (305) 308 9696				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount ma	 de payable to the Florida Department of State: 				
\$35 Filing Fee					
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
	Tallahassee, FL 32301				

Articles of Amendment to

Articles of Incorporation of

Oceans (himpractic Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P14000100526	
(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 amendment(s) its Articles of Incorporation:) to
A. If amending name, enter the new name of the corporation:	
A. If amending name, enter the new name of the corporation: Ocean Breze Chikophatic of Plantation, The new.	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
N/A	
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	
(Florida super adiress)	
New Registered Office Address:	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
FAA CANA	
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 mannier. 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:	ana sun	<i>y Billin</i> , 0, u	7324.	
X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	<u>nc</u>	<u>Addres</u> s
1) Change				
Add				
Remove		(
2) Change		_ \		
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Remove				\
3) Change				
Add		\		
Remove				
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Remove				
5) Change		 		
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional A	Articles (anter change(s) here:
(Attach additional sheets, if necessary	
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If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(y noi appacane, maicaic mn)	
	
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The date of each amendment(s) adoption:date this document was signed.	8	1/29/17		_, if other than the
Effective date <u>if applicable</u> :	(no more than	90 days after amendm	ent file date)	
Note: If the date inserted in this block does a document's effective date on the Department o	not meet the appl			not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The approval.	e number of votes cas	t for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	 endment(s) was/we	re sufficient for appro	val	
by	oting group)			
(vo	oting group)			
☐ The amendment(s) was/were adopted by the action was not required.	: board of director	s without shareholder	action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	: incorporators wit	hout shareholder actio	n and shareholder	
Dated 9 29		<u> </u>		
Signature (By a director, pres	sident of other offi	cer – if directors or of	Ticers have not been	_
selected, by an inc appointed fiduciar	orporator – if in th	ie hands of a receiver,	trustee, or other court	
	Antonio 1	Howe		
	(Typed or printed	name of person signir	ig)	
	(Title	of person signing)		