7500000 3304

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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Division of Corporations NAME OF CORPORATION: OBSESSION BALLROOMS, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEONOR BALBUENA Name of Contact Person OBESSION BALLROOMS, INC. Firm/ Company 4658 PALM AVENUE HIALEAH, FL 33012 City/ State and Zip Code LEONOR83@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEONOR BALBUENA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copylis Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tailahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section

Articles of Amendment to Articles of Incorporation of

OBSESSION BALLROOMS, INC.			
(Name	of Corporation as currently	y filed with the Florida Dept. of State)	
P15000003304			
 	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this	Floridu Profit Corporation adopts the followi	ng amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			*3*3
	nation "Corp," "Inc," or "(ation," or the abbreviation "	n," "company," or "incorporated" or the c Co . A professional corporation name must P.A."	
(Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent are new registered agent and/or the new registered	OFFICE BOX) id/or registered office addr sy registered office address:		17 JIL 24
Name of New Registered Agent	LEONOR BALBUENA		_ 팔 녹였던
	4658 PALM AVNEUE	1	OF ST/ 03/ 03/ PH 12:
	(Florida stre	vet address)	3 ASE
New Registered Office Address;	HIALEAH	Florida,	iri O
		(City) (Zip	Code)
	ered agent. I am fàmiliar w	with and accept the obligations of the position.	
	Signature of New Re	egist e red Agent, Tj. changing	

address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V= Vice i Executive Officer; CFO = held, President, Treasuret Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove,	and/or D if necess rector title President = Chief F r, Directo in the fol ves the co	irector b ary) e by the f.; T= Trec inancial or would i lowing m orporatio	eing added: irst letter of the office title: asurer; S= Secretary; D= E Officer. If an officer/direct be PTD. anner. Currently John Doe n, Sally Smith is named the	irector: TR= Tri or holds more th is listed as the P	irector being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
Example: <u>X</u> Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	1	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	ŀ	<u>Addres</u> s
1) Change	PSTD	_	ISIS MASSON	<u> </u>	
Add					
X Remove					
2) Change	PSTD	_	LEONOR BALBUENA		
X Add					
Remove					
3) Change		_		<u> </u>	
Add					
Remove					
4) Change		-		 - 	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add		-			
				1	

Remove

If amending or adding additional Articles, enter change(s)	here:
(Attach additional sheets, if necessary). (Be specific)	
-	
-	
	
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	1
If an amendment provides for an exchange, reclassification	, or cancellation of issued shares,
provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	ned in the amendment itself:
(y nor approcurse, marcuse (NA)	I
	1

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more the	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes east for the amendment(s) was	/were sufficient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
07/14/17	
Signature Signature	
(By a director, president or other	officer – if directors or officers have not been
selected, by an incorporator – if i appointed fiduciary by that fiduci	n the hands of a receiver, trustee, or other court ary)
LEONOR BALBUENA LEONOR DO	abiena
(Typed or prin	ted name of person signing)
DIRECTOR And Regi	stered Agent
	itle of person signing)