P1500012162

| (Re | equestor's Name) | |
|-------------------------|---------------------------------------|-----------------|
| (Ad | dress) | |
| (Ac | dress) | |
| (Cit | ty/State/Zip/Phone |) #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bı | isiness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | · |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS
1015 HAR 24 PH 12: 34

MUMO 10 2015

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | | Z FAMILY GRO | UP, INC. | | |
|--|-------------------------------|-------------------------------------|------------------------------------|--|--|
| DOCUMENT NUMBER: P15000012652 | | | | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | | | |
| Please return all correspo | ondence concerning this mat | ter to the following: | | | |
| L | UDIS T BODAN | | | | |
| | | Name of Contact Person | 1 | | |
| | ONZALEZ FAM | IILY GROUP, IN | C. | | |
| | | Firm/ Company | | | |
| 2 | 225 SW 8TH AVENUE | | | | |
| | | Address | | | |
| H | HALLANDALE, F | L 33009 | | | |
| _ | <u> </u> | City/ State and Zip Code | : | | |
| | | | | | |
| gonz | zalezfamilygroup | | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| | | 11 | | | |
| For further information of | concerning this matter, pleas | е сан: | | | |
| LUDIS T BOD | AN | _{at (} 305 | 587-8513 | | |
| Name of | Contact Person | Area Coo | de & Daytime Telephone Number | | |
| Enclosed is a check for t | he following amount made p | Noayable to the Florida <u>Depa</u> | rtment of State: | | |
| | | | | | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & | □\$43.75 Filling Fee & | □\$52.50 Filing Fee | | |
| | Certificate of Status | Certified Copy | Certificate of Status | | |
| | | (Additional copy is enclosed) | Certified Copy (Additional Copy | | |
| | | chclosed) | is enclosed) | | |
| Maili | ng Address | Street | Address | | |
| Mailing Address Amendment Section | | Amendment Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | | Clifton Building | | |
| Tallahassee, FL 32314 2661 Executive Center Circle | | xecutive Center Circle | | | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

GONZALEZ FAMILY GROUP INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

D15000012652

ment(s) to

| F 150000 12052 | | | |
|--|---------------------------------|---|----------------------------|
| (Document Number | of Corporation (if kno | own) | |
| Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation: | rida Statutes, this <i>Flor</i> | ida Profit Corporation ad | opts the following amendme |
| A. If amending name, enter the new name of the | corporation: | | |
| | | | The new |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t | orp," "Inc." or "Co". | A professional corporat | rated" or the abbreviation |
| B. Enter new principal office address, if applical | ble: | | |
| (Principal office address MUST BE A STREET A. | | | |
| | | | |
| | _ | | |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address <u>MAY BE A POST OFFICE I</u> | <u>BOX</u>) | | |
| | | | |
| | | | |
| | _ | | |
| D. If amending the registered agent and/or registered agent and/or the new registered. | | n Florida, enter the nam | e of the |
| | ed ville address. | | |
| Name of New Registered Agent | | | |
| **** | | | |
| | (Florida street a | (dress) | |
| New Registered Office Address: | | , Florida_ | |
| | (Ciţi) | | (Zip Code) |
| | | | |
| New Registered Agent's Signature, if changing R | legistered Agent: | | |
| I hereby accept the appointment as registered agent | | and accept the obligations | of the position. |
| | | | |
| C: | CAL. D | 4 : C = L = = = = = = = = = = = = = = = = = | |

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 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> | <u>John Doc</u> | |
| X Remove | V | 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 | VP | GONZALEZ LOPEZ, DILAN | 225 SW 8TH AVENUE |
| ✓ Add | | | |
| Remove | | | HALLANDALE, FL 33009 |
| 2) Change | VP | GONZALEZ, JULISSA | 225 SW 8TH AVENUE |
| Add | | | |
| Remove | | | HALLANDALE, FL 33009 |
| 3) Change | | <u> </u> | |
| Add | | | |
| | | | |
| 4) Change | | | |
| Add | | | |
| 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) |
|---|
| ARTICLE VII |
| TITLE: P |
| LUDIS T BODAN |
| 225 SW 8TH AVENUE |
| HALLANDALE, FL 33009 |
| TITLE: VP |
| DILANYS J GONZALEZ LOPEZ |
| 225 SW 8TH AVENUE |
| HALLANDALE, FL 33009 |
| |
| |
| |
| |
| |
| |
| 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) |
| |
| |
| |
| |
| |
| |
| |

| The date of each amendment(s) adoption: MARCH 20, 2015 | , if other than the |
|---|---------------------|
| date this document was signed. | |
| Effective date if applicable: MARCH 20, 2015 | |
| (no more than 90 days after amendment file date) | _ |
| 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 | |
| ✓ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | _ |
| LUDIS T BODAN | |
| (Typed or printed name of person signing) | _ |
| PRESIDENT | |
| (Title of person signing) | |