# P15000019680

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600277703166

10/05/15--01025--010 \*\*35.00

STORETARY OF STAILS

OCT 0.7 2015 C. CARROTHERS

#### **COVER LETTER**

Division of Corporations CAMIDENT NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CAMIDENT Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS CPA at (954) H35 727
Contact Person Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### **Mailing Address**

TO: Amendment Section

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

CAMIDEN	JT INC		_
(Name of Corporation	as currently filed with the Florida Dept. of Sta	<u>te</u> )	
P 150	<u>000 19680                                     </u>		
(Documen	Number of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the	e following amendment(s) to	o
A. If amending name, enter the new name of the corp	oration:		
		The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	"Inc," or "Co". A professional corporation na previation "P.A."	or the abbreviation time must contain the	F t
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RY OF STATE	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent		<u>e</u>	
	(Florida street address)		
New Registered Office Address:	, Florid		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	ered Agent: m familiar with and accept the obligations of the	position.	
Signati	re of New Registered Agent, if changing	<del></del>	

## 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>	Address	
1) Change	VP	ZULUAGA,	<u>17932. SW</u> HS	T
Add		PAULÁ	ANDREA MIRAMAR	
_X Remove			_FL 33029.	
2) Change				
Add				
Remove				
3) Change			·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			<del></del>	
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(of not applicable, materic 11/11)	
(s) not apprendict, diameter (1/11)	
(s) not approximate, material H/H)	
(s) not approxime, material H/H)	
(s) not approxime, material HIN)	
(s) not appreciate, trialities (fift)	
(4) not appreadic, trialcate HM)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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	
(voting group)	
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.	
Dated SEPTEMBER 29, 2015 Signature Wrw	
Signature Wrw	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
IVAN REYES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	
(time of person signing)	