(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	_
(Cit	ty/State/Zip/Phone	÷#)
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JAN 11 2016

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: COMMERCIAL F	BROTHERS INC	
DOCUMENT NUME	D15000021426		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUIS ANDUJAR		
		Name of Contact Person	1
	COMMERCIAL BROTHER	SINC	
	1200 SW 67TH AVENUE	Firm/ Company	
		Address	
	MIAMI, FLORIDA 33144		
		City/ State and Zip Cod-	e
For further information	n concerning this matter, pleas	se call:	
LUIS ANDUJAR		at (<u>786</u>	333-6798
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check to	r the following amount made	payable to the Florida Depa	ortment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

FILED

16 JAN -7 AH 6: 32

COMMERCIAL	. BROTI	HERS	INC

SECRETARY OF STATE

(<u>Name c</u>	of Corporation as current	ly filed with the Florida't	Jept. of State)
P15000031426			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	n adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc," or	"Co". A professional cor	orporated" or the abbreviation
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			

C. Enter new mailing address, if appl	icable:	2274	
(Mailing address MAY BE A POST		N/A	-
			<u></u>
D. If amending the registered agent ar			name of the
new registered agent and/or the new		<u>s:</u>	
Name of New Registered Agent	LUIS ANDUJAR		
	1200 SW 67 AVENUE		
	(Florida si	reet address)	
New Registered Office Address:	MIAMI		. Florida 33144
		tCity)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis			tions of the position
, поголу ассерсте арранитет из regist	erea agem ram jammar	wan ana accept the oonga	ионь ој ин ромион.
P	0		
* Ing	ľ		
	Signature of New	Registered Agent, if changi	ng

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 Doc 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 Doc, 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	$\underline{\mathbf{y}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	ADRIA M. RODRIGUEZ	1200 SW 67 AVENUE
Add X Remove			MIAMI, FL 33144
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
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)			
N/A			
· · · · · · · · · · · · · · · · · · ·			
F. If an amendment provides for an excha provisions for implementing the amend	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
N/A			

	_, if other than the
date this document was signed. DEC. 15, 2015	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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)	
(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.	
12/15/2015 Dated	
Signature Web No Indugues	_
(By a director, president or other office) — 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)	
ADRIA M. RODRIGUEZ	
(Typed or printed name of person signing)	
VICE-PRESIDENT	
(Title of person signing)	