## P15000033787

Office Use Only



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09/09/16--01013--004 \*\*43.75



May dish

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ROCCO'S CUSTO	M CASES CORP					
DOCUMENT NUMBER: P15000033787						
The enclosed Articles of Amendment and fee are suf	omitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
ANDRES MA KARTHE						
	Name of Contact Person	<u> </u>				
ROCCO'S CUSTOM CASES	CORP					
	Firm/ Company					
6965 W 2ND LANE						
	Address					
HIALEAH FLORIDA 33014						
	City/ State and Zip Code	}				
ROCCOSCASES@GMAIL.COM						
E-mail address: (to be use	ed for future annual report	notification)				
~						
For further information concerning this matter, please	e call:					
ANDRES MA KERTHE	at (305	799-2841				
Name of Contact Person	at () Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
□ \$35 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 of

## ROCCO'S CUSTOM CASES CORP

(Name of Co	orporation as currently filed with the Florida Dept, of State)
P15000033787	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association, B. Enter new principal office address, if ap	
Principal office address MUST BE A STRE	
C. Enter new mailing address, if applicabl (Mailing address <u>MAY BE A POST OFF</u>	
<ul> <li>If amending the registered agent and/or new registered agent and/or the new reg</li> </ul>	registered office address in Florida, enter the name of the gistered office address:
Name of New Registered Agent	NICOLE PELLON
	9740 Sw 19th St. Michi El
New Registered Office Address:	(Florida street address)  MIZMI Florida 33165 (City) (Zip Code)
New Registered Agent's Signature, if chang hereby accept the appointment as registered	zing Registered Agent:  agent. I am familiar with and accept the obligations of the position.  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 <math>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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	NICOLE M. PELLON	9740 SW 19 ST
X Add				MIAMI FL 33165
Remove				
2) Change		<u></u>	<del></del>	
Add				,,.
Remove				
3 ) Change		_		
Add				
Remove				
4)Change		<del>_</del>		
Add				<del></del>
Remove				
5) Change		_		
Add				
Remove				
6) Change	<del></del>	<del>-</del>		
Add				
Remove				

Famending or adding additional Arti Attach additional sheets, if necessary).	
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	JA

m'	08/29/2016	:6 -4b 4b 4b
The date of each amendmen		, if other than th
late this document was signed		
Effective date <u>if applicable</u> :	08/29/2016	
sitective date it applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	8)
	re approved by the shareholders through voting groups. The following stateme ed for each voting group entitled to vote separately on the amendment(s):	ent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
~, <u> </u>	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	er
<b>-</b>		
Dated	9/5/16	
Signature	Indres	
	By a director, president or other officer – if directors or officers have not been	<del></del>
•	elected, by an incorporator - if in the hands of a receiver, trustee, or other cour	rt
a	ppointed fiduciary by that fiduciary)	
	ANDRES MAKERTHE MA KARTHE	
	ANDERS MA KARTHE	
	(Typed or printed name of person signing)	
	PRESIDENT ANDYCS MA KARTHE	
	(Title of person signing)	