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SECRETARY OF STATE
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COVER LETTER

Division of Corporations 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: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Sections

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 Inco | rporation | SS ST |
|---|--------------------------------------|---------------------|
| Changery D | water arm | JE 2 |
| (Name of Corporation as currently | filed with the Florida Dent. of St | ate) Volta |
| | 744486 | THE E |
| (Document Number of C | | 76 99 99 99 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fa</i> its Articles of Incorporation: | lorida Profit Corporation adopts th | |
| A. If amending name, enter the new name of the corporation: | | |
| NIA | | The new |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. | o". A professional corporation n | or the abbreviation |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | M/A | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 20641 SW 12 |)scl |
| | Miami, fl | 33/77. |
| | | |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | ss in Florida, enter the name of the | <u>ne</u> |
| Name of New Registered Agent Alain | Bocalandro | |
| 20641 SC | U IDS CC | |
| (Florida stree | t address) | |
| New Registered Office Address: Miami' | , Floric | la <u>3317</u> 7 |
| (0 | lity) | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent. I am familiar wi | th and accept the obligations of the | e position. |
| | | |
| | ₹ | |
| Signature of New Reg | gistered 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 | PT John | Dog | |
|---|---|------------------------|---------------------------------------|
| X Remove | <u>V</u> <u>Mike</u> | <u>Jones</u> | |
| X Add | SV Sally | <u>Smith</u> | |
| Type of Action (Check One) 1) Change Add | Title | Name Lanaisy Avaujo | Address 4118 Palm And Lialeah, H 3301 |
| Remove 2) Change Add | <u> </u> | Alain Boralandro | 20641 SW 125CP. Miani, H 33177 |
| Remove 3)ChangeAddRemove | *************************************** | | |
| 4) Change Add Remove | | | |
| 5) Change Add | | | |
| 6) Change Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). (Be specific) | <u>re</u> : | | |
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| If an amendment provides for an exchange, reclassification, o provisions for implementing the amendment if not contained | in the amendment itself: | <u>iares,</u> | |
| (if not applicable, indicate N/A) | | | |
| NIA | | | |
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| The date of each amendment(s) adoption: | -1/23/2015 | , if other than the |
|--|---|--|
| date this document was signed. | | • |
| Effective date if applicable: | 7/23/2015 | ــــــــــــــــــــــــــــــــــــــ |
| | no more than 90 days after amendment f | île date) |
| Note: If the date inserted in this block does not a document's effective date on the Department of Sta | | direments, this date will not be listed as the |
| Adoption of Amendment(s) (CHEC | CK ONE) | |
| The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app | areholders. The number of votes cast for royal, | the amendment(s) |
| ☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr | | |
| "The number of votes cast for the amenda | nent(s) was/were sufficient for approval | |
| by(voting | | • |
| (voting | g group) | |
| ☐ The amendment(s) was/were adopted by the boa action was not required. | ard of directors without shareholder actio | on and shareholder |
| The amendment(s) was/were adopted by the incaction was not required. | corporators without shareholder action an | d shareholder |
| Dated 7/2 | 3/2015 | |
| Signature | | |
| | end or other officer – if directors or office | |
| appointed fiduciary by | orator – if in the hands of a receiver, trus v that fiduciary) | sice. or other court |
| | 1 . | |
| | Janaisy Klaujo | • |
| (Ty | ped or printed name of person signing) | • |
| | President | |
| | (Title of person signing) | 1941 |