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(Re	equestor's Name)	·····
(Ad	Idress)	- · · · · ·
(Ac	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: 10916 NE 26th Street, UNC. DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carol Lynn B. Kendall, Esq. Name of Contact Person Law Offices of Carol Lynn B. Kendall, P.A. Firm/ Company 1690 NE 175th Street Address North Miami Beach, Florida 33162 City/ State and Zip Code tek520@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carol Lynn B. Kendall, Esq. 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 Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

10916 NE 26th Street, Inc

10710 NB 20th Sheet, Me.	
(Name of Corporation as c	currently filed with the Florida Dept. of State)
<u>P15000</u>	0041922
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
10916 NW 26th Street, Inc.	The new
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Incword "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1690 NE 175th Street
(Principal office address MUST BE A STREET ADDRESS	North Miami Beach, Florida 33162
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1690 NE 175th Street
	North Miami Beach, Florida 33162
	2
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
(FI	lorida street address)
New Registered Office Address: 1690 NE 175th Str	reet, North Miami Beach , Florida 33162
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent
I hereby accept the appointment as registered agent. I am fo	
Signature o	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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendrufficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s)	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	lopted by the board of directors without shareholder action and share	holder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sharehold	ler
December	21, 2015	
DatedSignature	aw Lynn B. Kendallis	
	director, president or other officer — if directors or officers have not ed, by an incorporator — if in the hands of a receiver, trustee, or other	
	nted fiduciary by that fiduciary)	. Tour
	Carol Lynn B. Kendall, Esq.	
,	(Typed or printed name of person signing)	
	Incorporator/Vice President	•
	(Title of person signing)	