P150000 48354

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALTS CORPORA	TION	
DOCUMENT NUMBER: P15000048354		
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
SYLVIA ALTSHULER		
	Name of Contact Person	1
	Firm/ Company	
8537 NW 20TH COURT		
	Address	
CORAL SPRINGS, FL 330	071	
	City/ State and Zip Cod	e ,
MARK0145@AOL.COM		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
LENORE ROBINSON	at (<u>954</u>	752-3379
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment 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	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ΑĬ	TS	COR	POR/	\TI	ION

(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P15000048354		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacks of Incorporation:	Florida Profit Corporation adopts the follow	ving amendment(s) t
A. If amending name, enter the new name of the corporation:		
	186 118118	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered." "professional association," or the abbreviation "	Co". A professional corporation name mu	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRI TALLA 15 JI
	-	FILE FIASSI 1/ASSI
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the	P Med
new registered agent and/or the new registered office address	<u>:</u>	STAT LORI 3: 3
Name of New Registered Agent		TE IDA
	eet address)	
	eer aaaress)	
New Registered Office Address:	(City), Florida, Florida	ip Code)
	125	,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		n.
	,	
Signature of New P	egistered 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.

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>	Name	<u>Addres</u> s
1) Change	VP	LUIS ALTSHULER	8537 NW 20TH COURT
Add			CORAL SPRINGS, FL 33071
X Remove			
2) Change	VP	LOUIS ATLSHULER	8537 NW 20TH COURT
X Add			CORAL SPRINGS, FL. 33071
Remove			<u>-</u> <u>-</u>
3) Change			5 LECRE
Add			
Remove			
4) Change			STATE LORIDA 3: 36
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)		
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	<u> </u>	OR!
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
		_
	<u> </u>	_
		_

The date of each amendment(s) adoption: date this document was signed.	, if other than	the
•		
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"	TAIL SE	
(voting group)	CR	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required	CRETARY I	FILE
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	PM 3: 3	
07/02/2015	96 10A	i
Signature	_	
(By a director, president of 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)		
SYLVIA ALTSHULER		
(Typed or printed name of person signing)		
PRESIDENT		
(Title of person signing)		