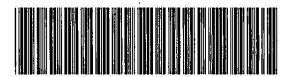
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(Requestor's Name)	
(Address)	-
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,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE

JAN 0 6 2011 T. LEAGIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 44 & ASSOCIATES CORP				
DOCUMENT NUMBER: P15000048705				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	DELBIN LUCIANO CASTI	LLO		
		Name of Contact Person		
	44 & ASSOCIATES CORP			
`		Firm/ Company		
	7874 NW 52TH STREET			
•		Address		
	MIAMI, FLORIDA 33166			
•		City/ State and Zip Code	e	
	E-mail address: (to be us		(e) GMALL, COM notification)	
DELBIN LUCIANO CASTILLO at (305) 960-7102				
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address		Street Address		
Ame	ndment Section	Amendment Section		
	sion of Corporations	Division of Corporations		
	Box 6327	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

	ιο
	Articles of Incorporation
	of
& ASSOCIATES CORP	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation and its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation." "company," or "incorpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation "Corp. "Inc.," or professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ECRETARY OF STATE oblis All ACI BENNET QUENTIAN (s) The new rated or the abbreviation
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation and its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation "Corp.," "Inc.," or professional corporation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ECRETARY OF STATE opts Alt ACID Mineral pent (s) The new rated or the abbreviation
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation and the statutes of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation." "company," or "incorpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation "Corp.," "Inc.," or professional association, or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ECRETARY OF STATE opts Alt ACID Mineral pent (s) The new rated or the abbreviation
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(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name	
now registered agent and/or the new registered office address.	e of the
new registered agent and/or the new registered office address: DELBIN LUCIANO CASTILLO	
Name of New Registered Agent	······································
6930 NW 179TH STREET APT.202	
(Florida street address)	
New Registered Office Address:	Florida 33015
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations	of the position.
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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 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	DELBIN LUCIANO CASTILLO	6930 NW 179TH STREET # 202
X Add			HIALEAH, FL 33015
Remove			
2) Change	Р	MANUEL MORENO	7874 NW 52 STREET
Add			DORAL, FL 33166
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		·	
Remove			
6) Change			
Add			
Remove			

amending or adding trach additional sheet	ts, if necessary).	(Be specific)				
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	•					
an amendment pro	vides for an exch	ange, reclassifi	cation, or cance	llation of issued	shares,	
orovisions for imple (if not applicable	<u>nenting the amei</u> , <i>indicate N/A</i>)	<u>ndment if not c</u>	ontained in the	amendment itse	<u>li:</u>	
			Aly			
			14/14			

The date of each amendment(s) adoption:	, if other than the
· ·	
Effective date <u>if applicable</u> : (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate	
"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 sharaction was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
Dated 12/20/2016	
* A / -	
Signature (By a director, president or other officer – if director)	tors or officers have not been
selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
DELBIN LUCIANO CASTILLO	
(Typed or printed name of pers	son signing)
PRESIDENT	
(Title of person sig	gning) .