P150000 490 64

(Re	questor's Name)	···
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800287510818

07/05/16--01031--026 **43.75

SECRETARY OF STAIL
SHOWN OF CORPORATIONS

JUL 1 1 2016

C LEWIS

TO: Amendment Section Division of Corporations

P15000049064

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leidy Carrazana

Name of Contact Person

8725 Sw 129 terrace # 396

Firm/Company

Miami Fla. 33176

Address Clis71@ Yahon. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

anazana at 305, 508 0592

ea Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

١,

□\$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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida</i>	Profit Corporation 2	adopts the following amenda
A. If amending name, enter the new name of the	corporation:		
	1 44 21 44		The ne
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	p," "Inc," or "Co". A		
3. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>			
			···
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		
D. If amending the registered agent and/or regist new registered agent and/or the new registered Name of New Registered Agent			
The of the August of Figure			
	(Florida street addr	ess)	
New Registered Office Address:			_, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:		
hereby accept the appointment as registered agent.		accept the obligation	ns of the position.
		,	
Sig	nature of New Register	ed 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:	, and bai	., S,	D7 4D 477 7144.				
X Change	<u>PT</u>	John D	<u>oe</u>				
X Remove	<u>v</u>	Mike Jo	<u>ones</u>				
X Add	<u>sv</u>	Sally S	<u>mith</u>				
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s		
1) Change	VP.	_D	Sylvia N.	Carrazi	ana		
Add					876	25 5W 12 1mi, Fla-	9 terr
X Remove					Mio	mi, Fla-	33)76 -
2) Change	VF	2-D	Leidy C	arraza	na	CSan	ne
X Add			,				
Remove					-		_
3)Change		_				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Add							_
Remove							<u> </u>
4) Change		<u> </u>					_
Add							<u></u>
Remove							_
5) Change							
Add							_
Remove							
			•				·
6) Change		_					
Add							_
Remove							

If amending Attach addit	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
		
	NA	
	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
provisions	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)	
	NA	
<u></u>		
		

	adoption:	
date this document was signed.		FILED SECRETARY OF STATE DIVISION OF CORPORATION
Effective date <u>if applicable</u> :	Immediately (no more than 90 days after amendment file date)	
		2016 JUL -5 AM 10: 21
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	ment(s)
• •	pproved by the shareholders through voting groups. The following store ach voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	eholder
action was not required.	dopted by the incorporators without shareholder action and sharehold	der
	6/26/16 A Carragana.	
(By a selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	
	Leidy L. Carrazana	
	(Typed or printed name of person signing)	
	P-8.	
	(Title of person signing)	
* Have	to completely remo	ve Sylvic
beca	use she do not a	open have
accou	nts when connince ninor as Page 4 of 4 OFFICE thank	27.
α γ	ne wo	you.
	AC	gvorazama.
	$\mathcal{O}_{\mathcal{I}}$	-