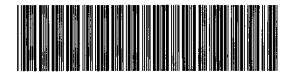
## P15000053596

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





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09/14/15--01011--020 \*\*85.00

SECRETARY OF SAME

SEP DE 2015 C LEWIS



September 17, 2015

ANDREA BORELL 324 DATURA STREET SUITE 209 WEST PALM BEACH, FL 33401 US

SUBJECT: 1753 W 57 AVE, INC. Ref. Number: P15000053596

We have received your document for 1753 W 57 AVE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**Division of Corporations** 

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 815A00019594

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	1753 W 57 Ave, Inc.	·		
	P15000053596			
DOCUMENT NUMBER:				
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
Andrea Borell				
		(Name of Contact Pe	rson)	
		(Firm/ Company	)	
324 Datura Street, Suite 209	)			
		(Address)		
West Palm Beach, FL 3340	1			
		(City/ State and Zip C	Code)	
andrea@borelllaw.com				
E	-mail address: (to be used	for future annual repo	ort notification	)
For further information conc	erning this matter, please	call:		
Andrea Borell		at	561	317-7578
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pag	yable to the Florida D	epartment of S	State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
B# 112 A		α.		

**Mailing Address** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address** 

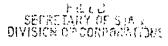
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:18502456897 FROM:3052757561

Page:

2

Articles of Amendment Articles of Incorporation of



15 SEP 21 AH II: 19 (Name of Corporation as currently filed with the Florida Dept. of State) 1500005 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: ( 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.

Signature of New Registered Agent, if changing

Page:

3

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 I	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	2	Daniel DeLaTour	e 7200 NW 1951. #512
Add			Miami + C33126
Remove			
2) Change	P	Alexander Borell	324 Datura St. # 209
$\overline{\mathcal{A}}$ Add			West Palm Braid IC 33401
Remove 3) Change	<u>4</u> 9	Michael Borell	7200 NW 19 St. #312
₹ Vqq			Mani, 12 33126
Remove			**************************************
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			<del></del>
Remove			
5) Change		<del> </del>	<del></del>
Add			——————————————————————————————————————
Remove			
6) Change			
Add			
Remove			

09/25/2015 07:30 TO:18502456897 FROM:3052757561 Page: 4

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch.	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	······································
· · · · · · · · · · · · · · · · · · ·	
* *** *** **** ***********************	

5/2015	07:30	TO:18502456897	FROM:3052757561	Page: 5
<b>.</b>	, ,	•		
	f each amendm cument was sign	nent(s) adoption:		FREE Coff other than the SHURE TARY UP STATE THE DIVISION OF WORD DESCRIBE
	_			DIVISIAN OF CORPORATION
Effective d	ate <u>if applicabl</u>	le: (no more ti	han 90 days after amendment file d	date 5 SEP 21 AHII: 19
		in this block does not meet the a		ments, this date will not be listed as the
Adoption	of Amendment(	s) ( <u>CHECK ONE</u> )		
		were adopted by the shareholders s/were sufficient for approval.	. The number of votes cast for the	amendment(s)
			rs through voting groups. The followed to vote separately on the amend	
. <b>~</b> I		otes cast for the amendment(s) wa	• •	
by		(voling group)	,,,	
		(voting group)		
	endment(s) was/ as not required.		ctors without shareholder action a	nd shareholder
	endment(s) was/ as not required.		s without shareholder action and sl	nareholder
	Dated	9/24/15		
	Signature	9-14-20	715	
			officer – if directors or officers h in the hands of a receiver, trustee, ciary)	

09/25/2015

(Typed or printed name of person signing)

reon signing)