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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MIDTOWN DORAL 2015, INC				
DOCUMENT NUMBER: P15000063450				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
	JOSE LUIS CORTESI			
•		Name of Contact Person	1	
	MIDTOWN DORAL 2015, I	NC		
-		Firm/ Company		
	9551 NW 41 STREET			
		Address		
	DORAL, FL, 33178			
-		City/ State and Zip Code	9	
joseco	ortesi@bellsouth.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JOSE LUIS CORTESI	I	786	4190379	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
	ing Address		Address	
	ndment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314			executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MIDTOWN DORAL 2015 INC

(Name of Corporation	ion as currently filed with the Florida Dept. of State)
P15000063450	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS)
	- William III
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
	•
	red 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:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:  I am familiar with and accept the obligations of the position.
. no. co, weeep, me appendincin us registered agent.	. am jamina. This are accept the conganions of the position.
Sign	nature 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD$ .

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	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S D</u>	JOSE LUIS PARRA PEREZ	6020 NW 99 Ave Suite 310,
X Add			Doral, FL 33178
Remove			
2) Change	<u>V D</u>	WILMER REIS DA COSTA	6020 NW 99 Ave Suite 310
X Add			Doral, FL 33178
Remove			
3 ) Change	T D	JOSE LUIS CORTESI	11251 NW 20 Street, Suite 119
X Add			Miami, FL 33172
Remove			
4) Change	<u>V D</u>	IVAN ENRIQUE HOLMQUIST	6020 NW 99 Ave Suite 310
X Add			Doral, FL 33178
Remove			
5) Change		<del> </del>	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
•	
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*	
If an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
DIOTISIONS TO IMPLEMENTAL CHE UNITE	Homen I not contained in the untertained 1 100011
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
September 30th, 2015  Effective date if applicable:	
(no more than 90 days after amendm	ent file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes case by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	oval
by	."
by	<del></del>
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.</li> </ul>	
September 30th, 2015 Dated	•
Signature  (By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)    OSE	trustee, or other court  Resident
(Title of person signing)	

the