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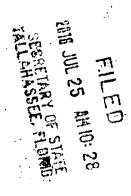
(F	Requestor's Name)			
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(1	Business Entity Name)			
(Document Number)				
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COVÉR LETTER

NAME OF CORPORATION DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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 to Articles of Incorporation

(Document Number of Corporation (if known Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i>	
	ation adonts the following amendment(s)
	mo, acopa, acopa
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or " "Corp.," "Inc.," or Co" or the designation "Corp." "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	incorporated" or the abbreviation corporation name mixt contain the
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:	\$ 10 mm
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent	
(Clavida Amat addraw)	
(Florida street address)	
New Registered Office Address: (Civ)	Florida (Zip Code)
·-··/	•
New Registered Agent's Signature, if changing Registered Agent:	diagricum of the nacition
I hereby accept the appointment as registered agent. I am familiar with and accept the ob	нданонь ој те ромнон.

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.

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	<u>Name</u>	Address
1) Change	P	Andrew Velasco	14353 SW 45 Terr
Add			Miami, Florida 33175
X Remove			
2) Change	<u>T</u>	Ines Cadiz	14395 SW 45 Terr
Add			Miami, Florida 33175
X Remove			
3)Change	P	Diana Cadiz	14353 SW 45 Terr
XAdd			Miami, Florida 33175
Remove			
4) Change	V	Darien Martinez	1005 NW 129 Place
X Add			Miami, Florida 33182
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		·
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:	f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)		
	provisions for implementing the ame	endment if not contained in the amendment itself:
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	provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
07/22/2016 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 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 east 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	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
O7/22/2016 Dated (By a director, president or other officer) if directors or officers have not been selected, by an incorporator – if in the bands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Diana Cadiz	
(Typed or printed name of person signing)	
President	
(Title of person signing)	