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(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: DOCUMENT NUMBER:	ASJ 1 150000	oream Trus 73568	+ Inc.
The enclosed Articles of Amendm	ent and fee are sub	omitted for filing.	
Please return all correspondence c	oncerning this mat	ter to the following:	
10 Lai	Jessica Preem 40 10' ce Wo	Name of Contact Person Blauff Firm/Company Address City/ State and Zip Cod	lace Julon North ste I 33460
E-mai	l address: (to be us	ed for future annual report	notification)
For further information concerning	Mas	15 at (561	856-1976
Name of Contact I			de & Daytime Telephone Number
Enclosed is a check for the follow	ring amount made	payable to the Florida Dep	artment of State:
	.75 Filing Fee & rificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Addre</u> Amendment Se			Address dment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

^ .	Articles of incorporation
A S.T. Draw	n Truct Tax
(Name of Cornerat	tion as currently filed with the Florida Dept. of State)
Name of Corporat	So = State
<u> </u>	000 + 368
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e abbreviation "P.A."
B. Enter new principal office address, if applicable	le:
(Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>
	TALL SE
	三
D. If amending the registered agent and/or registe	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	
	<u> </u>
	(Florida atrast address)
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Now Dockstand Assets Classes 16 1	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
,	y with and accept the confations of the position.
<u></u>	
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 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)	<u>Title</u>	Name Address
1) Change	\bigvee	Alcides A. Masis 4655 Wellman trail
Add Remove		Lake Worth F2 33463
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change	•	
Add		
Remove		
6) Change		
Add		
Remove		

	ng additional Art ets, if necessary).	(Be specific)				
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f an amendment pr	ovides for an exc	hange reclassifi	ication or cancel	lation of issued s	shares.	
provisions for impl	lementing the am	endment if not c	ontained in the a	mendment itself	:	
<u> pròtigions ioi ii</u> mhi	le, indicate N/A)				_	
(if not applicable						
(if not applicabl						
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statemed must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated10-27-15	
Signature Master	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other countries.	rt
appointed fiduciary by that fiduciary)	•
Jessica Masis	
(Typed or printed name of person signing)	
_ President	
(Title of person signing)	