## P150000 84447

| (Re                                     | questor's Name)   |             |
|-----------------------------------------|-------------------|-------------|
| (Ad                                     | dress)            |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                                 | WAIT              | MAIL        |
| (Bu                                     | siness Entity Nar | me)         |
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| Special Instructions to Filing Officer: |                   |             |
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SECRETARY OF STATE

(44 1 0 2016 T. LEMIEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                                                                                  | ORATION: AWEBPROS.COM                       | M INC                                                              |                                                                                        |
|------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUM                                                                                   | D15000084447                                |                                                                    |                                                                                        |
| The enclosed Article                                                                           | es of Amendment and fee are su              | bmitted for filing.                                                |                                                                                        |
| Please return all corr                                                                         | espondence concerning this ma               | atter to the following:                                            |                                                                                        |
|                                                                                                | Pazit Polyak                                |                                                                    |                                                                                        |
|                                                                                                | <u></u>                                     | Name of Contact Person                                             | n                                                                                      |
|                                                                                                | AWebPros.com Inc                            |                                                                    |                                                                                        |
|                                                                                                |                                             | Firm/ Company                                                      |                                                                                        |
|                                                                                                | 800 NE 178 Ter                              |                                                                    |                                                                                        |
|                                                                                                |                                             | Address                                                            |                                                                                        |
|                                                                                                | Miami, FL 33162                             |                                                                    |                                                                                        |
|                                                                                                |                                             | City/ State and Zip Cod                                            | e                                                                                      |
| pazi                                                                                           | t613@gmail.com                              |                                                                    |                                                                                        |
| <del></del>                                                                                    | E-mail address: (to be u                    | sed for future annual report                                       | notification)                                                                          |
| For further informati                                                                          | on concerning this matter, plea             | se call:                                                           |                                                                                        |
|                                                                                                | on concerning this matter, prea             | se can.                                                            |                                                                                        |
| Pazit Polyak                                                                                   |                                             | at (                                                               | de & Daytime Telephone Number                                                          |
| Name                                                                                           | e of 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                                             | Amend<br>Divisio<br>Clifton                                        | Address Iment Section on of Corporations Building Executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| AWEBPROS.COM INC                                                                                                                          | •                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| (Name of Corporation as cui                                                                                                               | rently filed with the Florida Dept. of State)                                                                        |
| P15000084447                                                                                                                              |                                                                                                                      |
| (Document Num                                                                                                                             | ber of Corporation (if known)                                                                                        |
| Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:                                           | , this Florida Profit Corporation adopts the following amendment(s) to                                               |
| A. If amending name, enter the new name of the corporatio                                                                                 | <u>n:</u>                                                                                                            |
|                                                                                                                                           | The new                                                                                                              |
|                                                                                                                                           | oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must 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: (Mailing address MAY BE A POST OFFICE BOX)                                                   |                                                                                                                      |
| D. If amending the registered agent and/or registered office                                                                              |                                                                                                                      |
| new registered agent and/or the new registered office ad  Name of New Registered Agent                                                    | dress:                                                                                                               |
|                                                                                                                                           |                                                                                                                      |
| (Flori                                                                                                                                    | da street address)                                                                                                   |
| New Registered Office Address:                                                                                                            | , Florida                                                                                                            |
|                                                                                                                                           | (City) (Zip Code)                                                                                                    |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.  Signature of N |                                                                                                                      |

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<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |  |
| l) Change                     | P            | NICK POLYAK | 800 NE 178 TER  |  |
| Add                           |              |             | MIAMI, FL 33162 |  |
| X Remove                      |              |             |                 |  |
| 2) Change                     |              | _           |                 |  |
| Add                           |              |             |                 |  |
| Remove                        |              |             |                 |  |
| 3) Change                     |              |             | ·               |  |
| Add                           |              |             |                 |  |
| Remove                        |              |             |                 |  |
| 4) Change                     |              |             |                 |  |
| Add                           |              |             |                 |  |
| Remove                        |              |             |                 |  |
| 5) Change                     |              |             |                 |  |
| Add                           |              |             |                 |  |
| Remove                        |              |             |                 |  |
| Remove                        |              |             |                 |  |
| 6) Change                     |              |             |                 |  |
| Add                           |              |             |                 |  |
| Remove                        |              |             |                 |  |

| (Be specific)                                                                                    |
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|                                                                                                  |
| nange, reclassification, or cancellation of issued shares, and indicate in the amendment itself: |
|                                                                                                  |
|                                                                                                  |
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|                                                                                                  |
|                                                                                                  |
|                                                                                                  |
| ·                                                                                                |
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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 at                                                                                                                               | mendment file date)                                      |
| Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.              | filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                         |                                                          |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.                              | etes cast for the amendment(s)                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting ground must be separately provided for each voting group entitled to vote separately |                                                          |
| "The number of votes cast for the amendment(s) was/were sufficient for                                                                                       | r approval                                               |
| by(voting group)                                                                                                                                             | "                                                        |
| (voting group)                                                                                                                                               |                                                          |
| ☐ The amendment(s) was/were adopted by the board of directors without sharel action was not required.                                                        | holder action and shareholder                            |
| The amendment(s) was/were adopted by the incorporators without shareholde action was not required.                                                           | er action and shareholder                                |
| 12/30/2016<br>Dated                                                                                                                                          |                                                          |
| Signature RAP Robot                                                                                                                                          |                                                          |
| (By a director, president or other officer – if director selected, by an incorporator – if in the hands of a re                                              |                                                          |
| appointed fiduciary by that fiduciary)                                                                                                                       | cerver, trustee, or other court                          |
| PAZIT POLYAK                                                                                                                                                 |                                                          |
| (Typed or printed name of person                                                                                                                             | n signing)                                               |
| PRESIDENT                                                                                                                                                    |                                                          |
| (Title of person signi                                                                                                                                       | na)                                                      |