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MAR 1 1 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

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: VECESLAV BULAKGA .

Name of Contact Person E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>.</u>
	The new
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co" or the designation "Corp.," "Inc." oword "chartered." "professional association," or the abbreviation	ation," "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 MUST BE A STREET ADDRESS)	
	70H
	>2 3
C. Enter new mailing address, if applicable:	H A
(Muiling address MAY BE A POST OFFICE BOX)	
	me z
	<u> </u>
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
•	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
Thereo, weeep me appointment to registered agent. I um jumin	an initial decept the congunous of the position.
Signature of Ne	w 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.

Mike Jones, V as Remov	e, ana Sa	uiy 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	<u>S</u>	VERA W. SZE.	231. SOUTH STATE Rd / -PLANTATION, FL 33317
V Add			PLANTATION, TL 33317
Remove			
2) Change		<u> </u>	
Add			
Remove			***************************************
3) Change	4-4-		<u> </u>
Add			
Remove			
4) Change		_	
Add			
Remove			
5) A11			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)

,	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer	

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable: 3/1/20/6	
(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)	
(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.	
Dated 3/1/20/6	
Signature Dulong 9	
(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 court	_
appointed fiduciary by that fiduciary)	
VECESLAV. BULAR GA (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	