Plucco IIu33

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2019 FT 1.5 ATTS: 5

C. GOLDEN FEB 1 6 2018

COVER LETTER

TO: Amendment Section Division of Corpora							
NAME OF CORPORA	TION: Hyde	3014 TN	VESTMENT CORF				
DOCUMENT NUMBE	R:	0000 11432	2				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.					
Please return all correspo	ondence concerning this ma	tter to the following:					
		PARI SolorZA	0 M				
	PARI SOLOYZANO Name of Contact Person						
	CARI SolorZANO + ASSOC. Firm/ Company						
_	<u> </u>	Firm/ Company					
	Address Holly wood FL 3302K City/ State and Zip Code						
_		Address					
	Helly	wood Fl-	3302K				
		City/ State and Zip Code	2				
	Cari	Solo @ YA/10	O. C'OM notification)				
	E-mail address, (to be us	sed for fature annual report	normeation				
For further information of	concerning this matter, pleas	se call:					
0							
(ABI	SOLOYZANO	2 at (<u>954</u>	de & Daytime Telephone Number				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for t	he following amount made	payable to the Florida Depa	ertment of State:				
□ \$35 Filing Fee	ZIS43.75 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)				
<u>Mailir</u>	ng Address	Street	Address				
Ameno	dment Section	Amend	ment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

			2.	
	Articles of Ame	ndment	Ola j	
•	to Articles of Incorp of	poration		31500 B
Hyde 3	DIY INVES	STMENTS (iled with the Florida De	OKP	
/ (ivalue of Cor		11632	pt. or State)	
/ (Document Number of Co			
ursuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	orida Profit Corporation	adopts the following	amendment(s) to
. If amending name, enter the new name of	the corporation:	_		
3014 I	NUEST ME	ut Por	P	The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	he word "corporation," "Corp," "Inc," or "Co	"company," or "incor ". A professional corpo	porated" or the abi	breviation
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			<i>l f</i>	
			4	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		N/	<u> </u>	
If amending the registered agent and/or r new registered agent and/or the new regis		s in Florida, enter the na	ame of the	
Name of New Registered Agent		M/A		
	(Florida street	address)		
New Registered Office Address:	(Ci	ity)	, Florida(Zip Co	ode)
ew Registered Agent's Signature, if changir	ng Registered Agent:			
hereby accept the appointment as registered a		's and accept the obligation	ons of the position.	
	Signature of New Real	I H istered Agent, if changing	,	
	0.3		•	

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name V / / 2	<u>Addres</u> s
1) Change			-
Add			
Remove			
2) Change			
Add			
Remove		x//A	.
3) Change			
Add			<u></u>
Remove		/	
4) Change		N//	
Add			
Remove		/	
5) Change		X/A	
Add			
Remove		/	
		NA	
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	NA		
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	<u> </u>		<u> </u>	
f an amendment provides for an excha provisions for implementing the amen	nge, reclassificat	tion, or cancellat tained in the amo	ion of issued sha andment itself:	res,
(if not applicable, indicate N/A)		11		
	<u> </u>	<i>H</i>		
	7 ('			
				
				
				

		,	
The date of each amendment(s) ac	dontions	N/A	, if other than the
date this document was signed.	Toption.		, if other than the
Effective date if applicable:	(no more to	han 90 days after amendment file	data)
	(no mine n	nun 50 uurs uner ameriameni jue	ancy
Note: If the date inserted in this b document's effective date on the De			ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE))	
☐ The amendment(s) was/were add by the shareholders was/were su		s. The number of votes cast for the	: amendment(s)
☐ The amendment(s) was/were app must be separately provided for		rs through voting groups. The foll led to vote separately on the amen	
"The number of votes cast	for the amendment(s) wa	as/were sufficient for approval	
by			
	(voting group)		
☐ The amendment(s) was/were add action was not required.	opted by the board of dire	ectors without shareholder action a	and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporator	rs without shareholder action and s	hareholder
selecte	d, by an incorporator - if	er officer – if directors or officers h	nave not been
appŏin	ted fiduciary by that fidu	iciary)	
	(Typed or pri	inted name of person signing)	
	(1),,,13 0		
		MYSIGEN/	
	, (Title of person signing)	