# P1600003/520

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ION: UNION CAPITAL	PARTNERS INC			
DOCUMENT NUMBER					
The enclosed Articles of A	mendment and fee are sub	omitted for filing.			
Please return all correspon	dence concerning this mat	ter to the following:			
AN	DRES F MARTINEZ AR	ELLANO			
1	Name of Contact Person				
UN	UNION CAPITAL PARTNERS INC				
_		Firm/ Company			
721	0 NW 46 ST MIAMI FL	33166			
<del></del>		Address			
MIA	AMI, FL , 33166	•			
		City/ State and Zip Code			
andresfare	ellano@hotmail.com 🗸	•			
·	E-mail address: (to be use	ed for future annual report i	notification)		
For further information con			926-0517		
Name of Contact Person		at (	926-0517 le & Daytime Telephone Number		
Name of Co	ontact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the	following amount made p	ayable to the Florida Depar	rtment 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)		
Amendm Division P.O. Box	Address tent Section of Corporations 6327 see, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301		

I

#### Articles of Amendment to Articles of Incorporation of

#### LINION CAPITAL PARTNERS INC.

UNION CAPITAL PARTNERS INC			THE CO	고	
( <u>Name o</u>	f Corporation as currently	filed with the Florida Dept. of State)	FLOR	2.2	T. T. S.
	(Document Number of C	Corporation (if known)	<del>- 5</del> 7		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	forida Profit Corporation adopts the following	lowing an	ıendm'ê	ént(ś) to
A. If amending name, enter the new na	me of the corporation:				
N/A			The	e new	v
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "Co	o". A professional corporation name			
B. Enter new principal office address,	if annlicable:	5781 BISCAYNE BLVD #203			
(Principal office address MUST BE A ST		MIAMI, FL 33166			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		5781 BISCAYNE BLVD #203			
(Maning dutiess MATE BETT OST OFFICE BON)		MIAMI, FL, 33166			
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of the			
Name of New Registered Agent	N/A	,			
Nume of thew Registered Agent					
	(Florida stree	t address)			
New Registered Office Address:	N/A	, Florida			
New Registered Office Address.	(0		(Zip Code,	)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar wit	h and accept the obligations of the posi	ition.		
	Signature of New Reg	sistered 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOAQUIN GOMES	7210 NW 46 ST
Add			MIAMI, FL 33166
X Remove			
2) Change	Т	GARCIA, CARLA SELENE	7210 NW 46 ST
Add			MIAMI FL 33166
X Remove			
3 ) Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	-		
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
/A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y noi applicable, maicale WA)	
7A	<u> </u>
-	

	6/13/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	/13/2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date wi Department of State's records.	Il not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	6-13-2016	
Signature		
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Ardres + Martine Arellan	<mark>ታ</mark>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	