P16000033116

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AUG 2 6 2016 C. CAPROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	A HARLETS AND CHOP	reks inc		
DOCUMENT NUM	BER: P16000033116				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Tanja Imberg				
		Name of Contact Persor	1		
	ICT REGISTERED AGENT INC				
		Firm/ Company			
	382 NE 191st St #79989				
	Address				
	Miami, FL 33179				
		City/ State and Zip Code	e		
info	@aczento.com				
	-	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Tanja Imberg		at (de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or 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)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

SOUTH FLORIDA HARLEYS AND CHOPPERS INC

(Name of Corporation as cu	arrently filed with the Florida Dept. of State)
P16000033116	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
	The new poration," "company," or "incorporated" or the abbreviation "or "Co". A professional corporation name must contain the lation "P.A."
B. Enter new principal office address, if applicable:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Principal office address MUST BE A STREET ADDRESS)	
	ASS T
	ma _
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the position.
Signature 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)

Example:

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	SCEO	CLEMENT, ARIANNA	110 SE 6TH STREET,
Add			FORT LAUDERDALE
X Remove			FL 33179
2) Change	PSD	Arianna Clement Rodriguez	110 SE 6TH STREET,
X Add			FORT LAUDERDALE
Remove			FL 33179
3) Change			
Add	******		
			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

	08/3/2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
08/32016		
Dated	Cent Aver	
(By a c	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator + if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	CLEMENT, ARIANNA	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	