Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000137918 3)))



H160001379183ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone : (561)694-8107

Fax Number

; (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please : 1000

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ABRM 203 CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

JUN - 7 2016

C LEWIS

Electronic Filing Menu

Corporate Filing Menu

Help

2016 JUN -6 AM 10: 06

Articles of Amendment to Articles of Incorporation of

ABRM 203 CORP	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P16000037347	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	; Florida Profit Corporation adopts the following amendment(s) to
A. If awending name, enter the new name of the corporation:	•
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbraviation "Co". A prafessional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mutitug address MAX BE A POST OFFICE BOX)	900 BAY DRIVE, APT. 819
	MIAMI BEACH, FL 33141
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office ad- now registered agent and/or the new registered office address	irest in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet address)
New Ragistared Office Address:	Plorida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	<u>it:</u> · with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
=-18-1111-1-19-1	- marine our stand A sussiding

If amending the Officers and/or Directors, cuter 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 in 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 Doc	
X Remove	¥	Mike Iones	
X Add	<u>37</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
i)Change	D	ROPDOLFO MORGADB	1000 BRICKELL AVE
Add			SUITE 480
X Remove			MIAMI, FL 33131
2) Change	<u>a</u>	RODOLFO MORGADE	1000 BRICKELL AVE
X Add			SUTTE 480
Remove		•	MIAMI, FL 33131
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
் Change			
Add			
Remove			

ch additional sheets, if necess	al Articles, enter change(s) hore: sary). (Be specific)
	<u> </u>
	
	, pro-
	- John Committee
	and the second s
1	
	
a <u>emendment provides for a</u> evisions for implementing th	n exchange, reclassification, or cancellation of issued shares. The amendment if not contained in the amendment itself:
(If not applicable, indicate t	V/A)
	Above the second of the second
-	in the same of the
	· · · · · ·
	The state of the s
	and the second s

Page 3 of 4

FILEU SECRETARY OF STATE JIVISION OF CORPORATION:

— • • • • • • • • • • • • • • • • • • •	2016 JUN -6 AM 10: 06	
The date of each amendment(s) ado date this document was signed.	buon:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) wes/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) leient for approval.	
☐ The amendment(s) wes/were appromust be separately provided for ea	rved by the shareholders through voting groups. The following statement ach voting group entitled to vote reparately on the amendment(s):	
The number of votes cast fo	r the anundment(s) was/were sufficient for approval	
ъу	(voting group)	
The amountment(s) was/ware adopt action was not required.	ted by the board of directors without shareholder action and shareholder.	
The amondment(s) was/were adopt action was not required.	and by the incorporators without shareholder action and shareholder	
Dairedus S	ocall A Horal	:
(By a liffceton in telepised by all	icallient of other officer—If (lirectors or officers have not been incorporator—if in the hands of a receiver, trustee, or other con lary by that fiduciary)	
	RODOLEO MORGADE	
	(Typed or printed name of person signing)	,£
	DIRECTOR	•
	(Title of person signing)	