## P16000038896

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | idress)            |             |
| (Ac                     | ddress)            |             |
| (Ci                     | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



200287925862

07/18/16--01006--010 \*\*35.00

STORETARY OF STATE

T. LEIMEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: SUR AZUL COR   | Р  |   |
|-------------------------|--|--|---|
| DOCUMENT NUM            | BER: P16000038896  | <del></del>  |   |
| The enclosed Articles   | of Amendment and fee are su  | abmitted for filing.   |   |
| Please return all corre | spondence concerning this ma   | atter to the following:  |   |
|                         | JUAN OCHOA ROLOTTI   |  |   |
|                         |  | Name of Contact Perso  | n   |
|                         | SUR AZUL CORP  |  |   |
|                         |  | Firm/ Company  |   |
|                         | 1100 BISCAYNE BLVD #2  |  |   |
|                         |  | Address  |   |
|                         | MIAMI, FL 33132  |  |   |
|                         |  | City/ State and Zip Cod  | le  |
| *1                      |  |  |   |
| Joene —                 | oa@urban-usa.com   |  | · · · · · · · · · · · · · · · · · · ·   |
|                         | E-mail address: (to be us  | sed for future annual report                                       | notification)   |
| For further information | n concerning this matter, pleas  | se call:   |   |
| JUAN OCHOA ROL          | ОТТІ   | at (   | 343-6266  |
| Name                    | of Contact Person  |  | ode & Daytime Telephone Number  |
| Enclosed is a check for | 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)    |
| Am<br>Div<br>P.O        | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327<br>ahassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

SUR AZUL CORP

| (Name of Corporation as co   | urrently filed with the Florida Dept. of State)   |
|--|---|
| P16000038896   |   |
| (Document Nu   | 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 corporat  | ion:  |
| JUAN S. OCHOA ROLOTTI P.A.   | The new   |
| name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevi  | poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the iation "P.A." |
| B. Enter new principal office address, if applicable:  |   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>  | )   |
|  |   |
|  |   |
| C. Enter new mailing address, if applicable:   |   |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   |   |
|  |   |
|  |   |
| D. If any distance is a second of the second | in address in Florida antou the name of the   |
| D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a  |   |
| Name of New Registered Agent   |   |
|  |   |
|  | orida street address)   |
| New Projectors of 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 fa   |   |
|  | To year   |
|  |   |
| C' .   | CN - Parismand A - w Kalendara America  |
| Signature o  | 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),

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:<br>X Change          | <u>PT</u>    | John De  | <u>oe</u>   |                 |
|-------------------------------|--------------|----------|-------------|-----------------|
| X Remove                      | <u>v</u>     | Mike Jo  | <u>ones</u> |                 |
| X Add                         | <u>sv</u>    | Sally Si | <u>nith</u> |                 |
| Type of Action<br>(Check One) | <u>Title</u> |          | Name        | <u>Addres</u> s |
| 1) Change                     |              | _        |             |                 |
| Add                           |              |          |             |                 |
| Remove                        |              |          |             |                 |
| 2) Change                     |              |          |             |                 |
| Add                           |              | _        |             |                 |
| Remove                        |              |          |             |                 |
| 3) Change                     |              |          |             |                 |
| Add                           |              | _        |             |                 |
| Remove                        |              |          |             |                 |
|                               |              |          |             |                 |
| 4) Change                     |              | _        |             |                 |
| Add                           |              |          |             |                 |
| Remove                        |              |          |             |                 |
| 5) Change                     |              | _        |             |                 |
| Add                           |              |          |             |                 |
| Remove                        |              |          |             |                 |
| 0 0                           |              |          |             |                 |
| 6) Change                     |              | -        |             |                 |
| Add                           |              |          |             |                 |
| Remove                        |              |          |             |                 |

| . If amending or adding additional Art (Attach additional sheets, if necessary). | (Be specific)   |
|--|---|
| ARTICLE III - THE PURPOSE FOR WH   | IICH THIS CORPORATION IS ORGANIZED IS FOR REAL ESTATE AGENT |
|  | <del></del>   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| . If an amendment provides for an exch   | nange, reclassification, or cancellation of issued shares,  |
| (if not applicable, indicate N/A)  | endment if not contained in the amendment itself:           |
| ()   |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

|  | 07/15/2016   |                        |
|--|--|------------------------|
| The date of each amendment(s date this document was signed.        | adoption:  | , if other than        |
| Effective date <u>if applicable</u> :                              | ·  |                        |
|  | (no more than 90 days after amendment file date)   |                        |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requirements, this date w Department of State's records.  | ill not be listed as t |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                        |
| The amendment(s) was/were by the shareholders was/were             | adopted by the shareholders. The number of votes cast for the amendment(s) e 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):   |                        |
|  | ast for the amendment(s) was/were sufficient for approval  |                        |
| by   | (voting group)   |                        |
|  | (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  |                        |
| 07/15/2  |  |                        |
| Dated Signature  | Sacroa Ro Go Hr.).   |                        |
| (By 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) | _                      |
|  | JUAN OCHOA ROLOTTI   |                        |
|  | (Typed or printed name of person signing)  |                        |
|  | PRESIDENT  |                        |
|  | (Title of person signing)  |                        |