## P160000040927

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I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 301 SW MIAMI, II	NC	
DOCUMENT NUMB	ER: P16000040927		
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Anais Aragon		
-		Name of Contact Persor	1
	301 SW Miami, Inc.		
-		Firm/ Company	
	8845 NW 116 Street		
-		Address	
	Hialeah Gardens, Florida 330	18	
-		City/ State and Zip Code	•
igpmi	ami@gmail.com		
	= =	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Anais Aragon		at ( 305	746-8282
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

301 SW MIAMI INC

## (Name of Corporation as currently filed with the Florida Dept. of State)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  8845 NW 1	Corporation adopts the following american The neThe neto "incorporated" or the abbreviation sional corporation name must contain the
its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  name must be distinguishable and contain the word "corporation," "company, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Hialeah Gall  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The ne " or "incorporated" or the abbreviationsional corporation name must contain to
name must be distinguishable and contain the word "corporation," "company, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profes word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Hialeah Ga  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	" or "incorporated" or the abbreviationsional corporation name must contain the street
name must be distinguishable and contain the word "corporation," "company, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A profes word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Hialeah Ga  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  8845 NW 1	" or "incorporated" or the abbreviationsional corporation name must contain to
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Hialeah Ga  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  8845 NW 1	Sional corporation name must contain to
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Hialeah Gal  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  8845 NW 1	
(Principal office address MUST BE A STREET ADDRESS)  Hialeah Ga  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  8845 NW 1	rdens, Florida 33018
(Mailing address MAY BE A POST OFFICE BOX)	
	16 Street dens, Florida 33018
D. If amending the registered agent and/or registered office address in Florida new registered agent and/or the new registered office address:	enter the name of the
Name of New Registered Agent  Anais Aragon	
8845 NW 116 Street	
(Florida street address)	······································
New Registered Office Address:	, Florida 33018
(City)	(Zip Code)

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 <math>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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Fernando Garcia	3625 NW 82 Avenue, Suite 201
X Add	·		Doral, Florida, 33166
Remove			
2) Change	P	Anais Aragon	8845 NW 116 Street
X Add			Hialeah Gardens, Florida 33018
Remove	P	Alexander R. Viera	15761 NW 79 Court
3 ) Change Add			Miami Lakes, Florida 33016
X Remove			
4) Change			
Add			
Remove			
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)		
Anais Aragon 50%		
Fernando Garcia 50%		
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)		

,	09/21/2016	
	doption:	, if other than the
'date this document was signed.	21/2017	
Effective date <u>if applicable</u> :	21/2016	
	(no more than 90 days after amendn	ent file date)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes casufficient for approval.	st for the amendment(s)
	proved by the shareholders through voting groups.  reach voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	oval
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder	action and shareholder
■ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action	on and shareholder
09/21/201 Dated Signature	6 alle V. Ven	~
(By a c	director, president or other officer – if directors or conditions, by an incorporator – if in the hands of a receiver attention in the hands of a receiver attention in the hands of a receiver attention in the hands of a receiver at the h	
	Alexander R. Viera	
	(Typed or printed name of person sign	ng)
	President	
	(Title of person signing)	