

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : I20110000091

: (305)858-9900 Phone

Fax Number ; (305)285-0015 JUL 13 2016

C. CARROTHERS

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN MARTHA'S STATION, INC

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COVER LETTER

| TO: Amendment Section Division of Corpor | | | | | |
|--|--|---|--|--|--|
| NAME OF CORPOR | ATION: MARTHA'S STA | TION, INC | | | |
| DOCUMENT NUMBI | | | | | |
| The enclosed Articles of | f Amendment and fee are su | bmitted for filing. | | | |
| Please return all corresp | condence concerning this ma | tter to the following: | | | |
| 1 | ELENA DIAZ | | | | |
| _ | | Name of Contact Person |) | | |
|] | RICHARDS & ASSOCIATE | 3S, P.A | | | |
| - | | Firm/ Company | | | |
| 2 | 2665 SOUTH BAYSHORE | DRIVE, SUITE 703 | | | |
| | | Address | | | |
| 1 | MIAMI, FLORIDA, 33133 | | | | |
| _ | | City/ State and Zip Code | 9 | | |
| | | ediaz@richards-law.com | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further information | concerning this matter, pleas | se call: | | | |
| ELENA DIAZ | | at (| 8589900 | | |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | ertment 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) | | |
| Amen Divisi P.O. I | ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of

| | of | | | | |
|---|------------------------|---------------------|------------------------------------|---------------|-------------|
| MARTHA' | OITATE E' | N, INC | | | |
| (Name of Corporation as cu | urrently file | d with the Florid | a Dept. of State) | | |
| P160 | 000047410 | | | | |
| (Document Nur | mber of Cor | poration (if known |) | | 12 |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation: | es, this <i>Flor</i> i | ida Profit Corpora | tion adopts the fol | llowing amend | Irrient(s |
| A. If amending name, enter the new name of the corporati | ion: | | | 33 | 12 |
| 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 | ," or "Co". | . A professional c | ncorporated" or orporation name | the abbreviat | 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: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | | in Florida, enter t | he name of the | | |
| | | | | | |
| Name of New Registered Agent | | | | | |
| (Fic | orida street a | ddress) | | | |
| New Registered Office Address: | (City | | , Florida | (Zip Code) | _ |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | Agent: | | gations of the pos | , | |
| Cinumuma A | f Now Pagis | tered Avent if chai | naina | | |

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 | PT | John Doc | | | | | | |
|----------------------------|-----------|---------------------------------------|---------------------|--|--|--|--|--|
| X Remove | <u>v</u> | Mike Jones | | | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | | | |
| Type of Action (Check One) | Title | Name | Address | | | | | |
| 1) Change | P/D | SAUL CAMPANELLA | 3535 HIAWATHA AVE | | | | | |
| Add | | | APT. 403, MIAMI, FL | | | | | |
| Remove | | | 33133 | | | | | |
| 2) Change | P/D | MARTHA PINZON | 3535 HIAWATHA AVE | | | | | |
| × _ Add | | · · · · · · · · · · · · · · · · · · · | APT. 403, MIAMI, FL | | | | | |
| Remove | | | 33133 | | | | | |
| 3) Change | | | | | | | | |
| Add | | | <u> </u> | | | | | |
| Remove | | · | | | | | | |
| 4) Chango | | | | | | | | |
| Add | | | | | | | | |
| Remove | | | | | | | | |
| 5) Change | | | | | | | | |
| Add | | | | | | | | |
| Remove | | | | | | | | |
| 6) Change | | | | | | | | |
| Add | | | | | | | | |
| Remove | | | ··· | | | | | |

| (Att | tach add | ditional sh | neets, if nec | cessary). | eles, enter ch (Be specific |) | - | | | |
|------------|----------|-------------------|---|-----------|---|------------------------------|--------------|-------------------------------|--------------|---------|
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| lf a pr | royision | <u>is for imp</u> | rovides fo lementing ble, indicai | the amen | inge, reclass dment if not | ification, or contained i | cancellation | of issued sl Iment itself: | lares. | |
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| The date of each amendment(s) adoption:, if other to date this document was signed. | han the |
|--|----------|
| Effective date if applicable: | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. | l as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| JUNE 29, 2016 Dated | |
| Signature | |
| (By a director, president or other officer — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| SAUL CAMPANELLA | |
| (Typed or printed name of person signing) | |
| P/D (Title of nerson signing) | |