## P16000049675

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 5100 INVESTMENT	NT CORP				
DOCUMENT NUMBER: P16000049675					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this man	tter to the following:				
ALFRED A. CARDONNE					
Name of Contact Person					
5100 INVESTMENT CORP					
	Firm/ Company				
7280 NW 174 TERR APT 201					
Address					
MIAMI LAKES, FL 33015					
City/ State and Zip Code					
CAROUSELMLC@AOL.COM					
E-mail address: (to be us	ed for future annual report notification)				
For further information concerning this matter, pleas  ALFRED A. CARDONNE					
	at (				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Department of State:				
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

## Articles of Amendment

5100 INVESTMENT CORP (Name of Co	of  TH  progration as currently filed with	ECRET MO. No
·	orporation as currently filed with	* A \$ 5/ 2 * 1 / 1
P16000049675		" A. P. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ORIGIA
	(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006 ts Articles of Incorporation:	i, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following amendment(s
A. If amending name, enter the new name	of the corporation:	
REGISTERED AGENT NAME & OFFICER	DIRECTOR NAME	The new
word "chartered," "professional association,  B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	" or the abbreviation "P.A."  pplicable:	ofessional corporation name must contain the
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or new registered agent and/or the new registered agent and/or new registered agent		ida, enter the name of the
	FRED A. CARDONNE	
	80 NW 174 TERR APT 201	
	(Florida street address)	
New Registered Office Address:	AMI LAKES	, Florida
	(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 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: XChange	<u>PT</u>	John Doe	
X Remove V Mike Jones			
X Add SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ALFRED A. CARDON	7280 NW 174 TERR
Add			APT 201
X Remove			MIAMI LAKES, FL 33015
2) Change	P	ALFRED A. CARDONNE	7280 NW 174 TERR
X Add			APT 201
Remove			MIAMI LAKES, FL 33015
3) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add		•	
Remove			
6) Change			_
Add			
Damova			

(Att	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
	······································
16 c	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
11 a	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

	06/20/201	6			
The date of each amendment					, if other than the
late this document was signed.					
Effective date <u>if applicable</u> :	06/20/2016				
	(no n	nore than 90 days	after amendment	file date)	
Note: If the date inserted in document's effective date on the	this block does not mee he Department of State's	t the applicable s records.	tatutory filing req	uirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK)	<u>ONE</u> )			
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the sharehoree sufficient for approve	olders. The numb	er of votes east fo	r the amendment(s)	
☐ The amendment(s) was/we must be separately provid	ere approved by the share led for each voting group	holders through v entitled to vote se	oting groups. The parately on the ai	following statement nendment(s):	,
"The number of vote	s cast for the amendment	(s) was/were suffi	cient for approval		
by					•
	(voting gr	oup)		•	
☐ The amendment(s) was/we action was not required.  ☐ The amendment(s) was/we action was not required.					
·					
06/2 Dated	0/2016				
A STATE OF THE STA		7. 1			
Signature	1 1/2	and the second			
(	By a director, president of selected, by an incorporat appointed tiduciary by the	tor – if in the hand			
	ALFRED A: CAI	RDONNE			
	(Typer	or printed name	of person signing)		· · · · · · · · · · · · · · · · · · ·
	PRESIDENT				,
		(Title of per	on signing)		•

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