P16000051457

(F	Requestor's Name)	
(A	Address)	
A)	Address)	
(0	City/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Occument Number)	
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SEGNETARY OF SINIL SINIES OF CORPORATIONS

JUL 21 2016

C LEWIS



TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BAUDEL III	CORP
DOCUMENT NUMBER: P16000051457	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
LUIS F ROSALES	
	Name of Contact Person
EXECUTIVE TAX SER	VICE
	Firm/ Company
5931 NW 173 DR STE 9	
	Address
MIAMI, FL 33015	
	City/ State and Zip Code
luisfrosales@aol.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	olease call:
LUIS F ROSALES	at () 243-6742
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
\$35 Filing Fee \$35 Filing Fee Certificate of Statu	
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 to Articles of Incorporation of

FILED SECRETARY OF STATE EVISION OF CORPORATIONS

ł.,

BAUDEL III CORP

2016 JUL 14 PM 12: 49

(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000051457	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address	
1) Change	MGRM	1	HERNAN P LOPEZ		5931 NW 173 DR STE 9	
Add					MIAMI, FL 33015	
X Remove						
2) Change	PT	_	HERNAN P LOPEZ		5931 NW 173 DR STE 9	
X Add					MIAMI, FL 33015	
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add		_				
Remove						
						
6) Change		_				
Add						
D						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
.,,	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	FURE TARY OF STATE HAN the HYDRON OF CURL OTHER than the
date this document was signed.	
Effective date <u>if applicable</u> :	2016 JUL 14 PM 12: 49
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes east for the amendment(s) was/we	ere sufficient for approval
by	."
(voting group)	
\square The amendment(s) was/were adopted by the board of director action was not required.	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators wit action was not required.	hout shareholder action and shareholder
Dated 7-6-20/6	
Signature	
(By a director, president or other off selected, by an incorporator – if in the appointed fiduciary by that fiduciary	icer – if directors or officers have not been he hands of a receiver, trustee, or other court
HERNAN P LOPEZ	
(Typed or printed	name of person signing)
PRESIDENT	
(Title	of person signing)