## P16000051930

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ON OF CORPORATIONS

JUL 6 2016

C LEWIS

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: WITCHES BROO	M SERVICES CORP	
DOCUMENT NUME	P16000051930		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	BLANCA L LACAYO		
		Name of Contact Person	1
	HADAS ACCOUNTING AN	ND TAX SRVICES	
		Firm/ Company	
	210 SW 107TH AVE		
		Address	
	MIAMI, FL 33174		
		City/ State and Zip Code	e
hadas	taxeservices@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Luisa Choi		at ( <u>954</u>	548-6370
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	☐S43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

WITCHES BROOM SERVICES CORP

2016 JUN 30 PM 1: 44

(Name of Corporation as currently filed with the Florida Dept. of State)	
P16000051930	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amends Articles of Incorporation:	ndment(s) t
A. If amending name, enter the new name of the corporation:	
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	ation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street 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 with and accept the obligations of the position.	
i nervo, accept the appointment as registered agent. I am jumitar with and accept the obligations of the position.	
Signature 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: X Change	<u>PT</u>	John Doe		
X Remove	Y	Mike Jone	<u>s</u>	
X Add	<u>sv</u>	Sally Smit	b	
Type of Action (Check One)	Title	<u>N</u>	lame	<u>Addres</u> s
1) Change	P		ALENTINA FRAGA	9215 SW 147TH CT
XXX Add				MIAMI, FL 33196
Remove				
2) Change	P		/ALENTINA FRADA	9215 SW 147TH CT
Add				MIAMI, FL 33196
XXX Remove				
3) Change				
Add				
Remove				
4) Change		<b>_</b> _		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				<u></u>
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
lf an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

June 27/2016 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	+ II but
Effective date if applicable:	SECRETARY OF STATE
Effective date if applicable:  (no more than 90 days after amendment file date)	2016 JUN 30 PM 1: 44
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, adocument's effective date on the Department of State's records.	
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following s 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehol action was not required.	der
June 27, 2016 Dated	
Signature  (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	been er court
Luisa Choi	
(Typed or printed name of person signing)	
VP Let	
(Title of person signing)	