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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Amendment Section Division of Corporations		ř	* *	is it is		
NAME OF CORPORATION:	P TO	60	MC.		_	
DOCUMENT NUMBER:					_	
The enclosed Articles of Amendment and f	ee are submitte	d for filing	-			
Please return all correspondence concerning	g this matter to	the followi	ng:			
64	10 1/5 Na	ME(me of Cont	EV O	EZ		
		Firm/ Cor			<u>_</u>	
64	602	PEN	1BROK	E ROAD		
M	IRAM.	Addre AR y/ State and	SS F C I Zip Code	33023		
E-mail address:	(to be used for	future anni	ual report not	ification)	_	
For further information concerning this mat	ter, please call					
SAMANTHA ME Name of Contact Person	LGAR	at (754	217-85	64	
Name of Contact Person	•	\	Area Code &	E Daytime Telephone N	Jumber	
Enclosed is a check for the following amount			•			
□ \$35 Filing Fee	Status C (A	43.75 Filing ertified Cop dditional co nclosed)	у	l\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations				
P.O. Box 6327				e of Tallahassee		

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

to

(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the test Articles of Incorporation:	following amendment
A. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab- Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mus- chartered," "professional association," or the abbreviation "P.A."	breviation "Corp" t-contain the word
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 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)	1
New Registered Office Address:, Florida	<u></u>
(City)	(Zip Code)
	\$2
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p	osition.
Signature of New Registered Agent, if changing	

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> </u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	PRE	5. MICHE	ELLE MALOC	OF 5149 NE STAVE
Add				FT. LAUDERDALE FOR 33333
Remove 2) Change	PRES.	NORA	MELGAR	6472 SW 55# PLACE
Add				DAVIE, FL 33314
Remove Change		. <u>-</u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

(Attach	additional s	ding addition theets, if neces	ssary). (Be specific	:)					
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		<u> </u>								
									 	
				_						
F. <u>Ifan</u> :	mendment	provides for	an exchai	ige, r <u>eclas</u>	sification,	or cancell:	<u>ition of issi</u>	ied shares,		
prov	isions for im	plementing (able, indicate	the amend	lment <u>if no</u>	ot containe	ed in the ar	nendment	itself:		
(у посиррис	mie, maicaie	MA)							
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the au officient for approval.	mendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	ring statement ent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedMG	RCH 1, 2071	
selecte	firector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary)	e not been r other court
прум.	(Typed or printed name of person signing)	
	Via President & Secretical Secret	retary