P16000062408

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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08/22/16--01052--025 **52.52

SEP 07 2016 C. CARROTHERS

STOREDARY OF STATE

Street Street

COVER LETTER

TO: Amendment Section Division of Corporat	ions				
	rion: Herry R: \$\frac{16000}{16000}\$ Amendment and fee are sub-		ections inc		
	ndence concerning this mat				
	COLSS L SunRise	Name of Contact Person Production Firm/ Company Address City/ State and Zip Code	Risc 3313		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: 1000 dany 2003 at (954) \$16-3053 Name of Contact Person					
Name of C	Contact Person	at (13 1 Area Co	de & Daytime Telephone Number		
Enclosed is a check for th	ne following amount made p	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
N.F., 212	a Addresa	Ctmost	A ddmoce		

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

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Hermes production	ly filed with the Florida Dept. of State)			
(Name of Corporation as current	ly filed with the Florida Dept. of State)			
016000062408		320 <u>/+</u>	2	
(Document Number of	of Corporation (if known)	59	**	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	owing amer	2)
A. If amending name, enter the new name of the corporation:		The	III now	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name m "P.A."	ust contai	in the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Glordony Lais		- (vl	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sunkise FL 3 6185 W Sunk Sunkise Both. 33313	13313 11se 19 17C	_ <u>sl</u> vl _ _	. •
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address				
Name of New Registered Agent				
(Florida si	treet address)			
New Registered Office Address:	, Florida			
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen				
I hereby accept the appointment as registered agent. Lam familiar	>	on.		
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 D	<u> </u>	FILING CA	NCELLED
X Remove	<u>v</u>	Mike J	ones	FILING CANCELLED RETURNED CHECK	
_X Add	<u>sv</u>	Saily S	<u>Smith</u>	101010	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change	P		Colordan	, Lois	6185 W SunRise 131UU
↓ Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
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6) Change					
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ch additional sheets, if	necessary). (Be spe	ter change(s) here: ecific)	•	
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			<u>.</u>	
amendment provides	for on ovehonge re	alossification on so-	scallation of i	and there
isions for implement	ing the amendment i	if not contained in the	<u>ie amendmer</u>	ssued snares, it itself:
(if not applicable, indi	cate N/A)			
			 	

	, if other than th
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 wil document's effective date on the Department of State's records.	not be listed as th
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.	
Dated 8/9/16	
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)	
Chordany Louis (Typed or printed name of person signing)	<u>_</u> _
(Typed or printed name of person signing)	•
Ceo	
(Title of person signing)	

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