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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ALEGALLOLA, INC.

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Help

TO: Amendment Section

COVER LETTER

Division of Corp	orations		
NAME OF CORPO	RATION: ALEGALLOLA, I	NC.	
DOCUMENT NUM	BER: P16000085614		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Diane M. Hernandez		
		Name of Contact Person	1
	Adams Gallinar, P.A.		
		Firm/ Company	
	1000 Brickell Avenue, Suite	300	
		Address	
	Miami, Florida 33131		
		City/ State and Zip Code	
dhen	nandez@agilaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Diane M. Hernandez		at (305	, 416-6800
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fce	□\$43.75 Filing Fee & Certificate of Status	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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

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ADAMS GALLINAR PA

PAGE 03/06
(((H16000263778 3)))

Articles of Amendment to Articles of Incorporation of

2016 OCT 25 AM 9: 16

	01
	ALEGALLOLA, INC.
(Name of Corporati	on as currently filed with the Florida Dept. of State)
	P16000085614
(Docum	ent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the co	rporation:
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp yord "chartered," "professional association," or the	The new d'"corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u> I	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>×</u> y
	ed 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)
lew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sian	ature of New Registered Agent if changing

Example:

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:

(Anach 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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I)Change	VP/S	Gonzalo Lage	4000 Ponce de Leon Blvd.
			Suite 420
X Remove			
2) Change			
Add			
Remove			
3) Change	···		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			(((H16000263778 3)))
		<u>_</u>	(((::::000203//03/))

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ADAMS GALLINAR PA

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	dding additional A I sheets, if necessary	y). (Be specific)	ı			
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			····	·		_
an amendmen	t provides for an e	exchange, reclass	ification, or can	cellation of issue	d shares.	
<u>rovisions for i</u>	mplementing the a	mendment if not	contained in the	amendment its	elf:	
(if not appti	icable, indicate N/A)				
						<u> </u>
						

10/25/2016 15:22	3054166811	ADAMS GALLINAR PA	PAGE 06/08 (((H160002637783)))
The date of each amendmen		SPECION OF CORPORAGE	, if other than the
date this document was signed	i .	2016 OCT 25 AM 9: 17	•
Effective date if applicable:	(no more t	han 90 days after amendment file date)	
Note: If the date inserted in document's effective date on	this block does not meet the	applicable statutory filing requirements, rds.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE))	
The amendment(s) was/we by the shareholders was/v	ere adopted by the shareholders were sufficient for approval.	s. The number of votes cast for the amen	dment(s)
		ers through voting groups. The following led to vote separately on the amendment	
"The number of vate	es cast for the amendment(s) we	as/were sufficient for approval	
by	(voling group)		
	(voling group)		
The amendment(s) was/we action was not required.	ere adopted by the board of dir	ectors without shareholder action and sha	archolder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporator	rs without shareholder action and shareho	!der
	ber 25, 2016		
Dated			
Signature_	(Heden	4_	
(or officer – if directors or officers have no fin the hands of a receiver, trustee, or oth ciary)	
	Robert R. Adams		
	(Typed or pr	inted name of person signing)	
	Authorized Representat	ive	
		Title of person signing)	