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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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DEC 18 2017 C MACHAIR

COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

A DEC LA MARIE RE Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Natural of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	to		15
Artic	cles of Incorporation		۶
	of		24
	ing (ic	x p.	Q
Name of Corporation a	s currently filed with the Fl	orida Dept. of State)	, o
· 1600	0087	4 33	
(Document)	Number of Corporation (if ki	nown)	
fursuant to the provisions of section 607,1006, Florida States Articles of Incorporation:	tutes, this <i>Florida Profit Cor</i>	<i>poration</i> adopts the follo	wing amendment(s)
a. If amending name, enter the new name of the corpor	ration:		
and must be distinguishable and southing the real Co.	Amanatina II. Unamanina II.	an Oliva suumanustu IV san ele	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	lnc," or "Co". A professio.	nr incorporated or the nal corporation name m	e appreviation ust contain the
B. Enter new principal office address, if applicable:	4.11	2	
Principal office address <u>MUST BE A STREET ADDRES</u>	SS)	7	
			
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BOX)	λ	//A	
		•	
			
 If amending the registered agent and/or registered of new registered agent and/or the new registered office. 		ter the name of the	
new registered agent and/or the new registered offic	e address:		
Name of New Registered Agent	//A		
	•		
	(Florida street address)		
'	The first the carry		
New Registered Office Address:		Florida	
	(City)	G.	Zip Code)
ew Registered Agent's Signature, if changing Register			
hereby accept the appointment as registered agent. I am	familiar with and accept the	obligations of the position	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> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	\mathcal{P}	John MCAllist	MINTERHOVEN FL.
Add			
Remove			33882
2) Change	KP	John MCAIIRTER	2 Do 30x 452
			WINTERHAVEN, A.
ve 3)Change	Sec	Sonia Muallete	33882 L POBOXYSZ
Add		<u> </u>	WINTER HAMM, F.
Remove			33882
4) Change	1	Sonya Mallis	HER POPOX 452
Add		_	WINETER HOVEN, FI
Remove			_3388z_
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
<u>. </u>	- · · · · · · · · · · · · · · · · · · ·
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, issons for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:
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 will not be listed as the document's effective date on the Department of State's records.
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)
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
Signature
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Sonia meallister
(Typed or printed name of person signing)
- TRFSideNt
(Title of person signing)