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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	PATBEST MANA	GEMENT CORP		
DOCUMENT NUMBE	P17000012985		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee are su	abmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
F	ABIAN SOTO			
Т.	AXAPRO CONSULTING	Name of Contact Perso	n	
10	001 Brickell Bay Drive Suit	Firm/ Company te 2700		
 M	IIAMI, FL 33131	Address		
		City/ State and Zip Cod	e	
CONSU	ILTING@TAXAPRO.COM	1		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
FABIAN SOTO		786 at (505 - 0017	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	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)	□\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

PATBEST MANAGEMENT CORP (Name of Corporation as currently filed with the Florida Dept. of State P17000012985 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (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.

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)

2

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	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
X I) Change	D	HECTOR C MALDONADO	343 MAJORCA AVE #508		
Add			CORAL GABLES, FL 33134		
Remove					
2) Change	D	EDDY AGUAYO	5601 COLLINS AVE, Apt 1406		
X Add			MIAMI BEACH, FL 33140		
Remove	D	ANTHONY COSTA	14245 SW 57TH LN #1		
3) Change			MIAMI, FL 33183		
Add					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove		•			
6) Change		<u> </u>			
Add					
Remove					

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				<u>.</u> .		
an amendmen rovisions for i (if not appli	t provides for an emplementing the a cable, indicate N/A	xchange, reclass mendment if not	ification, or can contained in th	cellation of issue e amendment its	d shares, elf:	
D.						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(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.	I not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☑ 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.	
02/13/2016	
Signature Hundresmunder	
(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)	_
HECTOR MALDONADO	
(Typed or printed name of person signing)	***************************************
DIRECTOR	
(Title of person signing)	