## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001256563)))



H170001256563ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

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

mail Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CAMI CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

AND SHAY-8 PM 1: 04

Electronic Filing Menu

Corporate Filing Menu

Helpil Og 10 Help

P. 002

	Articles of Amendo	ent .		10 0 0 C
	ţo.			
	Articles of Incorpora	tion		2
	of .			
CANI RORPO	CATION			
(Name of Corporation as currently f	led with the Florida )	ent. of State)		F-0 "
PITOOOS	3772			
(Document Number of	Composion (If known	<u> </u>		
	•	•		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida	Profit Corporation zó	opts the following amend	lment(f) to
A. If amending name, enter the new name of the co	rporation;			
	STHENTS	T117		
			The s	NATION OF THE PARTY OF THE PART
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Carp.	a corporasion, co ""Inc." or "Co". A	mpany, or incorpor professional epropora	tuea - ar ine adorevka Ion name mast contain	ion the
word "anartered," "professional association," or the	abbreviation "P.A."			
a. walle				
5. <u>Enter som pelocipal office address. If amelicable</u> Principal office address <u>MUST BE A STREET ADD</u>	1 NGST)			•
	مدسند. د انجستخالا			
•				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<b></b>			
			•	
•	<del></del>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		lotica, enter the Dam	o of the	
WHAT YESTER BY THE THE STORAGE THIS SHALL LORISITE OF	Price duri 9941			
Name of New Registered Agent				•
	(Florida street addre	<del></del>		
	** *****	•		
New Registered Office Address:	(0/4.)	Florida		
	(C(b)		(Zip Code)	
New Registered Agent's Signature. If changing Rev.	stered Agent:		-A11114	
I herein accept the appointment as registered agent.	ı ат затынат тыл ана:	accept the obagations	oj ine position.	

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheet: Please note the afficer/d P = President; V= Vice Executive Officer; CFO hold President, Trousur Changes should be note a change, Mike Jones Is Mike Jones, V as Remov	and/or ) if necessive to the president of the president of the fire of the fir	vary) the by the first letter of the office vitle: the by the first letter of the office vitle: the Treasurer; S= Secretary; D= Director; TR= Tre Financial Officer. If an officer/director holds more th tor would be FTD. billowing manner. Currently John Doe is listed as the P corporation, Sally Smith is named the V and S. These sh	istes; C = Chairman or Clerk; CBO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V, There is	
Example: <u>X</u> Chango	PT	John Doe		
X Ramove	¥	Mike Jones		
_X Add	EY	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1)Change	V	DOLANDO DENTEZIA	6845 5W 1215T Mani Fr 23/53	•
X Add		·	MIAMI 12 20153	
Remove				
2) Change			, ************************************	
Add				
Persove			IMM (R) Paragraphic Common	
3 ) Change	· <del></del>	**************************************		
Remove				
4) Change				
Add				
Remove				
 5)Change				
 Acid				
Remove			No. Asserts and Conference of the Conference of	
δ)Chango			, , , , , , , , , , , , , , , , , , ,	
Add				
Remove				

Page 2 of 4

If amonding of adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		<del></del>
		<del></del>
		<del>**</del>
		<del></del>
	The second secon	
· · · · · · · · · · · · · · · · · · ·		
<u> </u>		
		<del></del>
f an amendment provides for an excha	unge, recinculfication, or cancellation of issued shares, diment if not contained in the amendment itself:	
(if not applicable, tridicate N/A)	THE TO HOS ESPERITURES IN CHE NIGHTURE IN 1984;	
	·	
		-
		<del></del>

The date of such amendment(s) ac	toption: 5-5-17
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(100 mm) 1 mm
Adoption of Amendmest(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the chareholders. The number of votes east for the amendment(s) fficient for approval.
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes oust	for the emendment(s) was/were sufficient for approval
by	19
1	(voting group)
The surprintuoul(s) was/ware who selion was not required.	upon by the board of directors without shareholder accion and simulander
☐ The amendment(s) was/were add notion was not required.	pried by the incorporators without shareholder action and shareholder
Dated 5~	5-17
Signature	Odnato Donikez
(By a di	irecior, president or other officer - if directors or officers have not been
selected	d, by an incorporator - if in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduciary)
	Odando Boute2
	(Typed of printed azuse of person signing)
	Received!
•	(Title of person signing)