91700055915

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	10N:	INC.	
DOCUMENT NUMBER	: P17000055915		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspor	dence concerning this ma	tter to the following:	
M .	Posada		
	···	Name of Contact Person	1
Lar	nda-Posada P.A.		
		Firm/ Company	
608	0 SW 40 Street #4		
		Address	
Mis	ami, Fl. 33155		
		City/ State and Zip Cod	e
MPOSAI	DA@LPM-LAW.COM		
		sed for future annual report	notification)
	5 7,000		,
For further information co	ncerning this matter, pleas	se call:	
M.L. Posada		at (305	476-9050
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	urtment 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)
Amendr Division P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

les of Incorporation of

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700 BRICKELL, INC.	SUBSTITUTE OF STATE OF
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000055915	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	620 Conde Avenue
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Fl. 33156
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	620 Conde Avenue
	Coral Gables, Fl. 33156
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing
Signature of New	mediane an indentify a community

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.

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>	<u>Addres</u> s			
1) A Change	P	GARCIA CROES, ANABEI	, 620 Conde Avenue			
Add			Coral Gables, Fl. 33156			
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		<u> </u>				
Add						
Remove						
6) Change						
6) Change						
Add						
Remove						

	(Be specific)
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<u> </u>	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and the amendment itself:

The date of each amendment(s) adoption:, if other date this document was signed.	r than the
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 lis document's effective date on the Department of State's records.	ted 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.	
3/7/18 Dated	
Signature Ancisco Conces	
(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)	
Anabel Garcia Croes	
(Typed or printed name of person signing)	-
President Anche Epitalicies	_
(Title of person signing)	