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(Requestor's Name)	
(Address)	<u> </u>
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 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: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Feel& □\$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) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

1/:01-	of .	
<u> </u>		
(Name of Co	poration as currently filed with the Florida Dep	ot. of State)
$\mathcal{D}(\tau)$	00000a078	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> a	adopts the following amendment(s) t
A. If amending name, enter the new name of	 Othe corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	the word "corporation," "company," or "incorp "Corp," "Inc," or "Co". A professional corpor "or the abbreviation "P.A."	orated" or the abbreviation
B. Enter new principal office address, if ap		
(Principal office address <u>MUST BE A STRE</u>	<u>TADDRESS</u>)	
	-	# · · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
(Mailing dadress MAT BE A FOST OFF		
D. If amending the registered agent and/or	 registered office address in Florida, enter the na	me of the
new registered agent and/or the new reg	istered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang	 ing Registered Agent:	
	agent. I am familiar with and accept the obligation	ns of the position.
	Signature of New Registered Agent, if changing	
		SEP I
	[[13 SEL
	Page 1 of 4	
	rage r or 4	-

Please note the officer/div	ij necess rector titl	e by the firs	t letter of the o	office title:	
P = President; V = Vice I	President	T = Treas	irer; S= Secre	etary; D= Director; TR=	Trustee; C = Chairman or Clerk; CEO = Chief
					than one title, list the first letter of each office
held, President, Treusure.					
Changes should be noted	in the fo.	llowing man	iner. Currenti	ly John Doe is listed as the	e PST and Mike Jones is listed as the V. There is
a change, Mike Jones lea	ves the c	orporation	Sally Smith is	named the V and S. These	e should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove	, and Sal	ly Smith, SV	as an Add.		
Example:	DT				
X_Change	<u>PT</u>	John Doe			
\underline{X} Remove	<u>V</u>	Mike Jone	<u>s</u>		
X Add	<u>SV</u>	Sally Smit	<u>h</u> 		
Type of Action	Title	<u>1</u>	ame		<u>Addres</u> s
(Check One)		l i	l 	1 10 1	
1) Change	P		Saac	leVach	2960 OCPAN BIVA.
	•			(Golden Reach. 1
Add					QUIACT DEALTH
Remove					33100
1 Kemove	\cap	1		<u> </u>	
	ν	•	Julian	Rios Cantu	2410 Drain Rud
2) Change	1	_	MARIATI	LIO CUITA	OTTO OCCUIT DIVA.
Add					Golden Reach IFC
-					22/10/2
Remove					
3) Change					
					
, Add					
Remove					
					
() Change					
4) Change			<u> </u>	· · · · · · · · ·	
Add					
D.					
Remove					
5) Change			<u> </u>		
Add					
Add					•
Remove					
6) Change		_ =			
		_			
Add					
Remove					

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)

E. If amending or adding additional Artic	les, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	\
<u> </u>	
	<u> </u>
	<u> </u>
 	
	<u> </u>
	N. C. A.
F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	il not contained in the amendment itself:
(ly not applicable, material (VA)	
	
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	<u> </u>
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, ` · The date of each amendment(s) adoption:		if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will no	it be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) approval.	
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	 nendment(s) was/were sufficient for approval	
by		
0	voling group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder	
Dated Philips	1 5, 70,7 el AORDEN	
Signature (By a director, pr	resident or other officer – if directors or officers have not been	
selected, by an ir	ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
	Isac Lollach	
	Typed or printed name of person signing)	
	(Title of person signing)	