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2017 NOV 29 PHIZ: 59

SEL MASSI A FLORIDA

C. GOLDEN NOV 3 0 2017.

COVER LETTER

Division of Corporations Maintenance tu 11 services corp 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: Name of Contact Person Firm/ Company Address For further information concerning this matter, please call: 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)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 88774660 Street Address

> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State) SCAV
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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)	PO BOX 5263 Hialean F1 330K
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Office Address: New Registered Office Address:	ss in Florida, enter the name of the AD MAY O Standards Address Address Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wind the signature of New Registered Signature of New Registered Agent:	th and accept the obligations of the position. Question of the position.

If amending the Cfficers 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>	John Doe	
X Remove	$\underline{\lambda}'$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check Office) (Change Add	<u>Title</u>	<u> </u>	Address 2900 W 12 OVE HICHEGH FC 3 3012
Remove 2) Change Add	P	Velez, Raul	2900 W 12 ave Hialeah FL33012
Remove 3) Change Add		Goldman, Beth	2900 W 1201ve Higieah FL 33012
Remove Change Add	\mathcal{D}	Janine, Smith	2900 W 12 ave Fraleah FL 33012
Remove Change Add Remove		<u> </u>	
6) Change Add Remove			· · · · · · · · · · · · · · · · · · ·

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amendment provi	des for an exchan	ge, reclassification,	or cancellation of i	ssued shares.	,
visions for implem (if not applicable, i	enting the amendn	nent if not containe	d in the amendmer	t itself:	
(ц пог аррисате, і	maicate N/A)				
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The date of each amendment(s) adoption:, if other than	th
date this document was signed.	
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 document's effective date on the Department of State's records.	i th
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 east 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 S 3	
Signature Could els - tresident	-
(By a director, prosident 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)	
Raul Nelez	
(Title of person signing)	