P17000065597

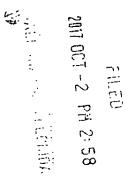
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OCT - 4 2017

COVER LETTER

AVA FRATUNC

TO: Amendment Section Division of Corporations NAME OF CORPORATION: _____ DOCUMENT The enclosed

DOCUMENT NUMB	ER:	P17000065597				
The enclosed Articles to	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this mat	tter to the following:				
		JACK LEVINE				
-	Name of Contact Person					
	JACK LEVINE, P.A.					
-	Firm/ Company					
	3050 BISCAYNE BLVD. SUITE 302					
-	Address					
	MIAMI, FL 33137					
-		City/ State and Zip Cod	2			
		JL@JACKLEVINECPA.C	ОМ			
	E-mail address; (to be us	sed for future annual report	notification)			
For further information	eoncerning this matter, pleas	se call:				
ΙV	CK LEVINE	at (305	912-0085			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the 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 to Articles of Incorporation of

FILED

AVA FRATLING

2017 OCT -2 PM 2:58

(<u>Name of</u>	Corporation as currently filed with the Floric		11.
	P17000065597		·· r Chil.
	(Document Number of Corporation (if known	-	· · · · · ·
rsuant to the provisions of section 607.10 Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corpora</i>	ation adopts the fe	ollowing amendment(s)
. If amending name, enter the new nam	e of the corporation:		
			The new
	in the word "corporation," "company," or " ion "Corp," "Inc," or "Co". A professional on," or the abbreviation "P.A."		the abbreviation
Enter new principal office address, if			
Principal office address <u>MUST BE A STI</u>	REET ADDRESS)		
		•	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applica	ible:		
(Mailing address MAY BE A POST OF	FFICE BOX)		
			
	or registered office address in Florida, enter (the name of the	
If amending the registered agent and/ new registered agent and/or the new :		the name of the	
		the name of the	
new registered agent and/or the new	registered office address:	the name of the	
new registered agent and/or the new	registered office address: JACK LEVINE, P.A.	the name of the	
new registered agent and/or the new	registered office address: JACK LEVINE, P.A. 3050 BISCAYNE BLVD SUITE 302	the name of the	33137

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P.D	STACY FRATI	7301 NW 36TH COURT
Add			MIAMI, FL 33147
Remove			
2) X Change	D.S.T	MARIO FRATI	7301 NW 36TH COURT
Add			MIAMI, FL 33147
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u> </u>					
a raclassific	ntion or o	oneallatic	n af iccuad	charac	
ent if not co	ntained in	the amen	dment itse	lf:	
					
- .					
	e, reclassific	e, reclassification, or cent if not contained in	e, reclassification, or cancellation on the amen	e, reclassification, or cancellation of issued ent if not contained in the amendment itse	e, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:

	8/3/2017	
The date of each amendment(s) ac		, if other than the
date this document was signed.	V/2/2017	
Effective date if applicable:	8/3/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendmentificient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement e
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated9	127/17	
Signature	My In	
selecte	lirector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other e ted fiduciary by that fiduciary)	
	STACY FRATI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	