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R. WHITE NOV 2.2 2017

FILED 17 NOV 20 PHI2: 20 SEGNERY OF CANE ALLARYS FOR CANE

COVER LETTER

TO: Amendment Section **Division of Corporations** LMPG the NAME OF CORPORATION: 0 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: omez Contact Person ame of OMP7 irm/ Company 9 Ve- #6 /Wax latum Address umi City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (-786) 624 - 826 Area Code & Daytime Telephone Number MPZ Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tailahassee, FL 32301

Articles of Amendment
Articles of Incorporation
TID TIDE OF TIDE AT TO OF 17 NOV 20 PH 12:20
(Name of Corporation as currently filed with the Florida Depterof State) SEE FICKICA
PITCONG 74997
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
$\beta + 1$
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Co rp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: N/A
(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)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent Prlia H. Fringndez
2215 SW 62 CT
(Florida ștreet address) <u>New Registered Office Address</u> : <u>MIGMI</u> , Florida <u>33155</u> (City) (Zip Code)
<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Delia HTimandez
Signature of New Registered Agent, if changing

.

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.

Example:

<u>X</u> Change	<u>PT John Doc</u>	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally Smith</u>	
<u>Type of Action</u> (Check One)		Address
!) Change	PD Holando ternandez	2215 SW62CT
Add Remove'		MIGMIN F1 33155
2) Change	PID Dietic Fernandez	1215 SW 62.C.T Micini, R 33155
Remove 3) Change		2215 SIV 62-CT
Add Remove		MIGMI, R 33/55
4) Change		
Add Remove		
5) Change		
Remove		
б) Change		
Add		·
Remove	Page 2 of 4	

	· .					•
E. <u>If amending or</u> (Attach additional	<mark>adding additional Ar</mark> Il sheets, if necessary).	ticles,'enter ((Be specif	: <u>hange(s) here</u> : ì <i>c)</i>	NIA		
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			±.			
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<u></u>					_	
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F. If an amendme	nt provides for an exc	chang e, recla	ssification, or c	ancellation of iss	ued shares,	
provisions for	implementing the am licable, indicate N/A)	<u>iendmentifr</u> []	<u>iot contained in</u> /	the amendment	<u>itself:</u>	
			VIA			
			<i>i</i>			
<u></u>						

	adoption:, if other t
The date of each amendment(s) a 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 document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed Department of Sta te's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voti ng group)
☐ The amendment(s) was/were a action was not required.	dopted by the boar d of directors without shareholder action and shareholder
action was not required.	dopted by the incorporators without shareholder action and shareholder $OVEINDE + 15, 2017$
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Folando Fernandez
	(Typed or printed name of person signing)
	(Title of person signing)