Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002558143)))



H170002558143ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:			
	Division of Corporations		ì
	Fax Number : (850)617-6380	E 25 P	_
	,	20	_
From:			77
	Account Name : LAZARUS CORPORATE FILING SERVICE,	INC.	* !
	Account Number : I20000000019		フ
	Phone (385)552.5973	: 	_

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: (305)675-5944

Fax Number

Email Ad	ddress:				
----------	---------	--	--	--	--

COR AMND/RESTATE/CORRECT OR O/D RESIGN COURTYARDS INVESTMENT HOLDING CORP

Certificate of Status	0	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$35.00	

SEP 29 2017

I ALBRITTON

RECEIVED
7 SEP 28 PH 3: 93
FINAL SEPTEMBER SEP

Electronic Filing Menu

Corporate Filing Menu

Help

H17000255814

Articles of Amendment to Articles of Incorporation

of : COURTYARDS INVESTMENT HOLDING CORP :			
(Name of Corporation as currently filed with t	ha Thadda Daniel		<u>-</u> -
17000075270	ne Prorida Dept, of Sizi	<u>(e</u>)	
(Document Number of Corporation	(if known)	<u> </u>	
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Articles of Incorporation:	t Corporation adopts the	following amenda	nent(s)
If amending name, enter the new name of the corporation:		• •	
me must be distinguishable and contain the word "corporation" "company orp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co."	v," or "incorporated" (The ne	₩ 18
and "chartered," "professional association," or the abbreviation "P.A."	ssional corporation nan	ne must contain th	ie
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
Enter new malling address, if applicable:			· •
(Malling address MAY BE A POST OFFICE BOX)			5
		37	, 19
·		in k	
I amending the registered agent and/or registered office address in Florida. New registered agent and/or the new registered office address:	, enter the name of the	1	<u>ئ</u>
Name of New Registered Agent		63 (*)	6
(Florida street address)			
New Registered Office Address:	, Florida		
(Clny)	, Piorida	(Zip Code)	
v Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar with and accept	the obligations of the po	sition	
Signature of New Registered Agent,	, if changing		

H17000255814

If amending the Officers and/or Directors, enter the title and none of section	CP 131
It amending the Officers and/or Directors, enter the title and name of each of address of each Officer and/or Director being added:	micer/director being removed and title, name, and
(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

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, Mika Jones, V as Remove, and Sally Smith, SV as an Add Example:

X Change	PT	¿ohn Doe	·
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	MGR	GABRIEL GRACIOSI	5931 NW 173 DR STE 9
XAdd			MIAMI, FL 33015
Remove .	•		
2) Change			
Adđ			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			,
Add			
Remove			
5) Change			
Add			
Remove			

Page 2 of 4

amending or adding additional Articles, enter change(s) here:	月1700025581
each additional sheets, if necessary). (Be specific)	
	·
<u> </u>	***
amendment provides for an exchange, reclassification, or cancellation o	of insued shares.
ovisions for implementing the amendment if not contained in the amendm (if not applicable, indicate N/A)	lent itself:
(g. ver approvable, manufe, may)	
	

H17000255814

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
9/28/17	
(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 adocument's affective date on the Department of State's records.	not be listed as the
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 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.	
	•
09/28/2017 Dated	
Signature	
(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)	
LUIS F ROSALES	
(Typed or printed name of person signing)	
CPA	
(Title of person signing)	