# P180000 36222

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(Document Number)
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ION: UNAGED COR	PORATION ————————		
DOCUMENT NUMBER:	P18000036222			
The enclosed Articles of A	mendment and fee are so	ubmitted for filing.		
Please return all correspond	dence concerning this ma	atter to the following:		
	DANIEL KASSA	AB		
		Name of Contact Perso	n	
	<del></del>	Firm/ Company		
	460 NE 28 STRE	ET APT 1406		
<u></u>		Address		
	MIAMI FL 33137	7		
		City/ State and Zip Coo	le	
or further information con		sed for future annual report se call: at ( 305	934-3988	
Name of Co	ntact Person		ode & Daytime Telephone Number	
nclosed is a check for the	following amount made	payable to the Florida Dep	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 Articles of Incorporation of

## UNAGED CORPORATION (Name of Corporation as currently filed with the Florida Dept. of State) P18000036222 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "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: (Principal office address MUST BE A STREET ADDRESS) 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 (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP_	JAMES GIRALDO	460 NE 28 STREET APT 1406	
Add X Remove			MIAMI FL 33137	
2) Change	VP	ALEXANDRA KASSAB	460 NE 28 STREET APT 1406	
X Add			MIAMI FL 33137	
Remove				
3 ) Change	_			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ding additional Arti sheets, if necessary).	(Be specific)				
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an amenoment p provisions for imr	provides for an exchaplementing the amen	ange, reclassificated and control of the control of	<u>ation, or cancell</u> ntained in the ar	<u>ation of issued</u> nendment itsel	shares,	
	ble, indicate N/A)				<del></del> -	
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The date of each amendment(s) adoption:date this document was signed.	if other than the
	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment(s) roval.
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	nent(s) was/were sufficient for approval
by(voting	,
(voting	group)
☐ The amendment(s) was/were adopted by the bo action was not required.	ard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder action and shareholder
05/16/18 Dated	
Signature X	
(By a director, preside	nt or other officer - if directors or officers have not been
selected, by an incorp appointed fiduciary by	orator – if in the hands of a receiver, trustee, or other court that fiduciary)
DANIEL KAS	SAB
	ped or printed name of person signing)
PRESIDENT	

(Title of person signing)