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.

(((H20000254079 3)))



H200002540793ABC\$

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

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone

: (561)694-1639 Fax Number

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN NORTHSTONE RESERVATIONS INC.

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

AUG 0 3 2020

D CONNEL

Electronic Filing Menu

Corporate Filing Menu

Help

15612148442

Articles of Amendment to Articles of Incorporation

		P9 = 0. 0
	¢	7,
	1020 My 3	150
٠, ٠	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1 PR 19
		19

Northstone Reservations Inc.		:
(<u>Name o</u> P20000048888	i Corporation as currenti	filed with the Florida Dept. of State)
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this i	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
ame must be distinguishable and contain 'Inc.," or Co.," or the designation "C 'chartered," "professional association,"	'orp." "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		240 Crandon Boulevard, Suite 205
		Key Biscayne, Florida 33149
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		240 Crandon Boulevard, Suite 205
		Key Biscayne, Florida 33149
. If amending the registered agent an new registered agent and/or the new	d/or registered office addr registered office address	ess in Florida, enter the name of the
Name of New Registered Agent	N/A	
	N/A	
	(Florida stri	ret address)
New Registered Office Address:	N/A	Florida N/A
Mile / Marie 1935		(City) (Zip Code)
	ı	(City) (Zip Code)
lew Registered Agent's Signature, if ch		ith and accept the obligations of the position.
noted accept the appointment as region	rea agent. Tumyammar s	with and accept the obligations of the position.
	Signature of New Re	gistered Agent, if changing
Check if applicable	urswant to s. 607.0120 (11) (

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	PT	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	DPS		Carlos Cardo	240 Crandon Boulevard
X Add		_		Suite 205
Remove				Key Biscayne, Florida 33149
2) Change				
Add				<u></u>
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
·	

f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an industrial industr
······································	

	N/A	
The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
N/A Effective date if applicable:		
THE PROPERTY.	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this block of document's effective date on the Department	loes not meet the applicable statutory filing requent of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors withou	shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for approval.	the amendment(s)
	by the shareholders through voting groups. The voting group entitled to vote separately on the am	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by		•
<u> </u>	(voling group)	
selected, by a	peaden or other officer – if directors or office interporator – if in the hands of a receiver, trus uciary by that fiduciary)	
• •		
Carlo	s Cardo	
 -	(Typed or printed name of person signing)	
Direc	tor	
	(Title of person signing)	