## P93000018921

uestor's Name)	
Iress)	
lress)	
//State/Zip/Phone	· #)
☐ WAIT	MAIL
siness Entity Nam	ne)
cument Number)	
Certificates	of Status
iling Officer:	
	/State/Zip/Phone WAIT winess Entity Nancument Number) Certificates

Office Use Only



500240959735

10/22/12--01042--010 \*\*35.00

12 OCT 22 PH 12: 14

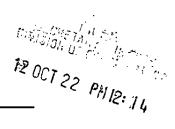
Amena (10/23/12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: 2980 SIMM		RP.
DOCUMENT NUM	BER: P9300001892	1	
The enclosed Articles	of Amendment and fee are su	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Matthew J. Militzo	ok .	
		Name of Contact Person	1
	Militzok & Levy, F	P.A.	
		Firm/ Company	
	3230 Stirling Roa	d, Suite 1	
		Address	
	Hollywood, FL 33	021	
		City/ State and Zip Cod	2
mjr	n@mllawfl.com		
<u> </u>		ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Matthew J. M	1ilitzok	<sub>at (</sub> 954	727-8570
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of



2960 SIMMS STREET CORP.	' "/ IZ
(Name of Corporation as currently filed with the Florida Dept. of State)	···
P93000018921	
(Document Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> acits Articles of Incorporation:	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation "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 nannew registered agent and/or the new registered office address:	ne of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(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 obligation	s of the position.

Signature of New Registered Agent, if changing

If ameading 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 Doe	
X Remove	¥	Mike Jones	
_X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Yigal Sharaby	2980 Simms Street
X Add			Hollywood, FL 33020
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Observe			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
<del> </del>	
	•
	Annual Residence of the Control of t
	· · · · · · · · · · · · · · · · · · ·
-	
n omenderent oroxider for an evol	annae regionistantian or consollation of issued shares
ovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, inducent if not contained in the amendment itself:
III MAI ADDUCADIR INGICAIR N/AI	
(y noi applicable, maicale imi)	
(y noi applicable, macule inn)	
(y nor appricable, maicule mn)	
(y nor appricable, maicule mn)	
(y noi appricable, maicule inn)	
(y noi appricable, maicule inn)	
(y nor appreciate, macure rem)	

The date of each amendment(s) ac	Soption: UC+OBER 19, 2012
Effective date <u>if applicable</u> :	'
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
action was not required.	pted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated Octobe	er 19, 2012
Signature Da.	che Shorah-
selected	irector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Rachel Sharaby
	(Typed or printed name of person signing)
	Chief Executive Officer
	(Title of neman cioning)