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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_ADZIN, INC. DOCUMENT NUMBER: P98000026401 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTINA RESENDE Name of Contact Person ADLER GROUP INC Firm/ Company 1400 NW 107TH AVE, 5TH FL Address MIAMI, FL 33172 City/ State and Zip Code CRESENDE@ADLERGROUP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTINA RESENDE Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

ADZIN, INC.			
\ <u></u>	f Corporation as currently filed with	a the Florida Dept. of State)	
P98000026401			
	(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new na	me of the corporation:		
		The	new
	ation "Corp," "Inc," or "Co". A pr	any," or "incorporated" or the abbrevior ofessional corporation name must contain	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS )		<del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
		\$	— 25
		(10)	
		gar 211	
D. If amending the registered agent an new registered agent and/or the new		ida, enter the name of the	5 !
	STEVEN R. BROWNSTEIN	ini a	E !
Name of New Registered Agent			PH 3: 44
	1400 NW 107TH AVE, 5TH FL	<u>5</u> m	#-
	(Florida street address) MIAMI	33172	
New Registered Office Address:		, Florida (Zip Code)	
•	(City)	(zip Coue)	
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist		cept the obligations of the position.	
	N / Y	4	
	Signature of New Registered A	igeni. ij 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 <math>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	STEVEN R. BROWNSTEIN	1400 NW 107TH AVE, 5TH FL	
X Add			MIAMI, FL 33172	
Remove				
2) Change	VP	ROBERT M. SMITHER	1400 NW 107TH AVE, 5TH FL	
Add			MIAMI, FL 33172	
X Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
•				
6) Change	<del></del>			
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	<del></del>

The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :	JUNE 1, 2015	
илестуе часе <u>и аррисаоте</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval.	)
	re approved by the shareholders through voting groups. The following stateme ed for each voting group entitled to vote separately on the amendment(s):	nt
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voiing group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
JULY Dated	9, 2015	
- Signature	W. M. Sorius	
(E so	By a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other cour ppointed fiduciary by that fiduciary)	t
	TINA SPANO	
	(Typed or printed name of person signing)	
	SECRETARY AND TREASURER	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·