Division of Corporations

Page 1 of 1

Florida Department of State Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H06000032653 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tot

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : REDEPT

Account Number : 120000000049 Phone : (954)762-3400

Fax Number : (954)525-3423

SECREMARY LES MILL

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ROHN INVESTMENTS, INC.

PECFIVED
06 FEB ~6 AH 8: 00
1310H OF CORPOSATION

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

COVERLETTER ((CHO60000 3 3 6 8 3 3)))

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rohn Invest	tments, Inc.	
DOCUMENT NUMBER: P98000032968		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Sheila	r	
Shiel	a Cohen	
(Name of	Contact Person)	
Rohn Inv	estments, Inc.	
(Firm	v' Company)	
13130 Wes	st State Road 84	
Q	\ddress)	
Davie	, FL 33325	
	te and Zip Code)	
For further information concerning this matter, p	lease call:	
Mark Allsworth, Esq.	at (954) 762-343	0
(Name of Contact Person)	(Arca Codo & Daytime To	elephone Number)
Enclosed is a check for the following amount:		
☐ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing For Certificate of Statu Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circ	le
·	Tallahassee, FL 32301	

(((EEE 3000000326 833)))

Articles of Amendment to Articles of Incorporation of

ROHN INVESTEM	ENTS, INC.	
(Name of corporation as currently filed	with the Florida Dept. of State)	
P980000329	368	
(Document number of corp.	The state of the s	
Pursuant to the provisions of section 607.1006, Florida adopts the following amendment(s) to its Articles of Inc.		
NEW CORPORATE NAME (if changing):		
N/A		
(Must contain the word "corporation," "company," or "incorporate (A professional corporation must contain the word "chartered", "pr	nd" or the abbreviation "Corp.," "Inc.," or "Co,") refessional association," or the abbreviation "P.A.")	
AMENDMENTS ADOPTED- (OTHER THAN NAM and/or Article Title(s) being amended, added or deleted	ME CHANGE) Indicate Article Number(s) : (BE SPECIFIC)	
1) Helene Silverstein is deceased and sh	ould not be listed as a director.	
2) Sheila Cohen should be listed as the		
	· · · · · · · · · · · · · · · · · · ·	
3) Barbara Slakman should be listed as the	Vice President of the corporation.	200
	A A	£.
	ASS.	FI 2006 FEB -6
	₩ _C	
	FLS	2 6
		ب -
	» · ·	i I
(Attach additional page	es if necessary)	3
If an amendment provides for exchange, reclassification for implementing the amendment if not contained in the		}
	• • • • • • • • • • • • • • • • • • • •	
		. –
		•
(continued	<u>1</u>)	

(((H06000032623 3)))

The date of each amendmen	t(s) adoption: De	ecember 1	3, 2005			
Effective date if applicable:		, 2005				
Adoption of Amendment(s)	(CHECK	ONE)	-			
The amendment(s) the amendment(s)	was/were approve by the shareholder	ed by the sha s was/were s	reholders. The afficient for a	number of ve	otes casi	t for
☐ The amendment(s) following statement separately on the co	t must be separate					
"The number o	f votes cast for the	amendment	(s) was/were s	ufficient for a	pproval	by
<u> </u>	(voting group)					
The amendment(s) and shareholder ac The amendment(s)	tion was not requir	red.				
shareholder action	was not required,		·			
				,	٠,٠	•
Signature // C	3)/Qu					
By a selec	director, president or ried, by an incorporate inted fiduciary by that	r - if in the han	if directors or off ids of a receiver,	icurs have not be trustee, or other	eourt	
Sh	eila Cohen	1	Barbara s	Slakman		
	(Typed or	printed name o	of person signing	}	_	
Pre	esident		Vice Pre	sident	_	
		(Title of perso	n signing)			

FILING FEE: \$35