P98000048193

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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C. LEWIS AUG 20 2013 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2013

DORCAS TROCHE / RCG ACCOUNTING & ASSOCIATES INC 9000 SHERIDAN ST SUITE 138 PEMBROKE PINES, FL 33024

SUBJECT: MONTE INVESTMENTS, INC.

Ref. Number: P98000048193

We have received your document for MONTE INVESTMENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be adopted in one of the following manners:

(1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the

shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

(2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 913A00018735

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MONTE I	INVESTMENT	S, INC.			
DOCUMENT NUMBER: P98000048193					
The enclosed Articles of Amendment and fee are su	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
DORCAS TROCHE					
Name of Contact Person RCG ACCOUNTING & ASSOCIATES INC					
9000 SHERIDAN STREET SUITE 138					
PEMBROKE F	<u> </u>				
City/ State and Zip Code					
DTROCHE@BEL E-mail address: (to be u	LSOUTH.NE				
For further information concerning this matter, plea	se call:				
DORCAS TROCHE	at (954	,862-2222			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$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	· · · · · · · · · · · · · · · · · · ·	Address Iment Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 13 AUG 22 PM 2: 5.1

MONTE INVESTMENTS, INC. (Name of Corporation as currently filed with the Florida Dept. of Sta P98000048193

(Document Number of Corporation (if known)

ovisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A." 3. 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	" or the designation "Corp," "Inc," or "Co". A professional corporation name must contains it is applicable: Office address, if applicable: MUST BE A STREET ADDRESS Address, if applicable: A POST OFFICE BOX stered agent and/or registered office address in Florida, enter the name of the tand/or the new registered office address: A gistered Agent (Florida street address)		the corporation:		T.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	Address, if applicable: All Y BE A POST OFFICE BOX) Stered agent and/or registered office address in Florida, enter the name of the transfer and/or the new registered office address: Control of the description of the de	o.," "Inc.," or Co.," or the designation	"Corp," "Inc," or "Co".	ompany," or "incorpo A professional corpord	orated" or the abbre
(Mailing address MAY BE A POST OFFICE BOX) 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:	stered agent and/or registered office address in Florida, enter the name of the t and/or the new registered office address: (Florida street address) Office Address:, Fiorida				
new registered agent and/or the new registered office address:	### And/or the new registered office address: ### Control of Items				
new registered agent and/or the new registered office address:	### And/or the new registered office address: ### Control of Items				
Name of New Registered Agent	(Florida street address) Office Address:, Fiorida (City) (Zip Code)			Florida, enter the nan	ne of the
	Office Address:, Fiorida (City) (Zip Code)	Name of New Registered Agent			
(Florida street address)	(City) (Zip Code)		(Florida street add	ress)	,
		New Registered Office Address:	(7:1)	, Fiorida	

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	PT	John De	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	ones	
_X Add	 <u>sv</u>	Sally Si		
Type of Action (Check One)	Title		Name	Address
1) Change	T		Carlos E. Lasprilla	4070 Timber Cove Lane
X Add				Weston, FL 33332
Remove				
2) Change				
Add		_		
Remove				
3) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

amending or adding additional Artic tach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
in amendment provides for an exchi	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numera is not contained in the americanent asen.
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· · · · · · · · · · · · · · · · · · ·	

• •			FILED	
The date of each amendment(s) ado	ption:			, if other than the
date this document was signed.		,	JAUG 22 Du a	
Effective date if applicable:			ECRETARY OF	•
	(no more the	S) an 90 days after amendme nts (L 架格SSEE. FLORI	E DA
Adoption of Amendment(s)	(CHECK ONE)	1		
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		The number of votes cast for t	he amendment(s)	
☐ The amendment(s) was/were appro- must be separately provided for ea				
"The number of votes cast fo	r the amendment(s) was	/were sufficient for approval		
by		."		
	(voting group)			
The amendment(s) was/were adopt action was not required.	ed by the board of direc	ctors without shareholder action	and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators	without shareholder action and	shareholder	
Dated_ 7/3C	113	8		
Signature	ADR	4		
		officer - if directors or officers		
selected, appointed	by an incorporator – if i I fiduciary by that fiduci	in the hands of a receiver, truste iary)	ee, or other court	
_	Use R.	. Montes		
	(Typed	or printed name of person sign	ing)	
	Presid	or printed name of person sign		
		(Title of person signing)		