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R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SMF INVESTMENTS, CORP. DOCUMENT NUMBER: 539950				
The enclosed Articles of	Amendment and fee are sul	omitted for filing.		
Please return all correspon	ndence concerning this mat	ter to the following:		
·	Name of Contact Person			
		Firm/ Company		
	7550	NE 7 AVE		
		City/ State and Zip Code		
	E-mail address: (to be use	ed for future annual report	notification)	
For further information co	oncerning this matter, pleas	e call:		
DIAD A	Contact Person	at (30 5 Area Co	H96-2970 de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Amenda Division P.O. Bo	e Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Division Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to

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of	17	MAR	ZI	1.1	i	ŞΤ

	of 17 MAR 27 PM 1:57
SMF INVESTMENTS (Name of Corporation as curr	rently filed with the Florida Dept. of State.
5 39950	
	per of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
, , , , , , , , , , , , , , , , , , , ,	
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office add	iress:
Name of New Registered Agent	
(Florid	da street address)
New Registered Office Address:	. Florida
New Registered Office Address:	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.
Cimu -4 f N	ew Registered Agent, if 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 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 Jo	ohn Doe	
X Remove	<u>V</u> <u>N</u>	<u>like Jones</u>	
_X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) <u>X</u> Change Add Remove	PTD	EDGAR LENDIAN	7550 NE 7 AVE
2) Change Add Remove	VSD	DIAVA LENDIAN	7550 NE 7 AVE.
3) Change Add Remove	D	ILEANA LOPEZ	7550 NE 7 AVE. MIAMI, FL 33138
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
 				
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	·			
provisions for	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself: cable, indicate N/A)			

The date of each amendment(s) ac date this document was signed.	option: MARCH AL, AOLI	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date w partment of State's records.	ill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted 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)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	3/21/17	
Signature	dear Jandran	
(By a d	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	
арропп	red fiduciary by that fiduciary)	
	EDGAR LENDIAN	
	(Typed or printed name of person signing)	
	PRESIDENT	<u></u>
	(Title of person signing)	