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.

(((H14000207101 3)))



H140002071013ABCQ

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

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ARM CONSULTING

Account Number : I20140000045

Phone

z (786)286-5344

Fax Number

: (954)272-7944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN HABLA MX INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

C.Lew's -14

Division of Corporations

9/3/14 5:16 PM

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment

	Articles of Incorpora	tion	14 SEP 10	AM 9: 49
Habla M	X Inc			
(Name of Corporation as curren	tly filed with the Florida I	Sept. of State)		
P1000000384				
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Profit Corporation adop	ots the following a	mendment(s) to
A. If amending name, enter the new name of the	he corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co". A	mpany," or "incorpora professional corporati	ted" or the abbi	he new reviation stain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.	<u>able:</u> ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			144	
D. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address in F red office address;	lorida, enter the name	of the	
Name of New Registered Agent		*		
	(Florida street addre	75)		
New Registered Office Address:	/A:- \	, Morida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agei	Registered Agent: nt. I am familiar with and	accept the obligations of	^r the position.	
Signature o	f New 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 Jol	hn Doe	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PD	DIAS FERREIRA, ANTONIO	7852 WILES RD
Add		Carlos Sumor	CORAL SPRINGS
Remove			FL 33067
2) Change	<u>a</u>	CRISTIANE CORREIA	7852 WILES RD
Add			CORAL SPRINGS
Remove			FL, 33067
3) Change			
Add			
Remove			4.440.414
4) Change			
Add			****
Remove			
5) Change	**		
Add			
Remove			
6) Change			
Remove			

tach <i>addinonai snee</i> i	is, if necessary).	(Be specific)			
					<u> </u>
·					
				-	
					··-
	·····				
	<u> </u>				
					
					
		<u> </u>			
					·· <u>····</u>
		n=			<u> </u>
n amendment prov	vides for an each	ange reclassifi	estion, or cance	llation of issued a	ngres.
ovisions for impler (if not applicable,	menting the amer	idment if not c	entained in the	umendment itself:	
(ij nai applicavie,	, indicate (VA)	,			
		W	<u> </u>		
			_		
				<u> </u>	
				<u>~</u>	

SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) se	dontion: 14 SEP 10 AM 9: 49	, if other than the
date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved 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)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_09/03/2	014	
Signature		_
Selecte	itector, 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)	
	ANTONIO CARLOS JUNIOR DIAS FERREIRA	
	(Typed or printed name of person signing)	
•	PRESIDENT	
	(Title of person signing)	