(Red	questor's Name)			
(Add	lress)			
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(City	//State/Zip/Phon	e #)		
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(Doc	cument Number)	)		
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Austral Hor	ne Managemen	t, Inc			
	<sub>ER:</sub> P1300001563					
	f Amendment and fee are su					
Please return all corresp	ondence concerning this mat	ter to the following:				
•	Claudia Escobar					
-		Name of Contact Person	n			
i	CBS Financial CPA PA					
•		Firm/Company				
6209 W Commercial Blvd Ste 7						
~		Address	-			
	Tamarac, FL 333	19				
_		City/ State and Zip Cod	e			
clau	dia@cbsfinancia	lcpa.com				
		ed for future annual report	notification)			
For further information	concerning this matter, pleas	e call:				
Claudia		<sub>at (</sub> 954	724-4141 de & Daytime Telephone Number			
Name of Contact Person Area Code & Dayti		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 & 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301



RECEIVED 14

# FLORIDA DEPARTMENT OF STATE OF

June 10, 2014

CLAUDIA ESCOBAR 2ND MAILING CBS FINANCIAL CPA PA 6075 W. COMMERCIAL BLVD TAMARAC, FL 33319

SUBJECT: AUSTRAL HOME MANAGEMENT, INC

Ref. Number: P13000015631

We have received your document for AUSTRAL HOME MANAGEMENT, 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 specific business purpose of the professional association must be stated in the document.

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.

Letter Number: 314A00011604

Irene Albritton
Regulatory Specialist II

,



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2014

CLAUDIA ESCOBAR CBS FINANCIAL CPA PA 6209 W. COMMERCIAL BLVD - STE. 7 TAMARAC, FL 33319

SUBJECT: AUSTRAL HOME MANAGEMENT, INC

Ref. Number: P13000015631

We have received your document for AUSTRAL HOME MANAGEMENT, 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):

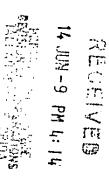
The specific business purpose of the professional association must be stated in the document.

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

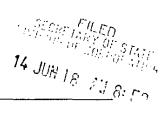
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 314A00011604



#### Articles of Amendment to Articles of Incorporation of



### Austral Home Management, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000015631	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> :	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Adriana S Cardinale, PA	The new
name must be distinguishable and contain the word "corporation," "company," or "in "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional coword "chartered," "professional association," or the abbreviation "P.A."	corporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
<del>-</del>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del>-</del>	
D. If amending the registered agent and/or registered office address in Florida, enter th new registered agent and/or the new registered office address:	e name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: FI	orida
New Registered Office Address:Fl.	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the oblig	ations of the position.
Signature of 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.

Example: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) L Change		_		
Add				
Remove				

E. <u>If at</u> (Atta	L. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)						
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if o	amendment provide	es for an avahanga	reelection tien	or cancellatic	m oficemed chara	c	
	visions for implemen	ting the amendmen				<u>51</u>	
	(if not applicable, inc	dicate N/A)					
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The date of each amendment(s) adoption: 04/14/2014	, if other than the
date this document was signed.	
Effective date if applicable: 04/14/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	· .
The amendment(s) was/were approved by the shareholders through voting groups. The following statement	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04/14/2014	
Signature	
(By a director, president or other officer if directors or officers have not been	_
selected, by an incorporator - if in the hards of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Adriana S Cardinale	
(Typed or printed name of person signing)	<del></del>
President	_
(Title of person signing)	