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JUL 1 7 2013

T. BROWN

COVER LETTER

Division of Corporations
NAME OF CORPORATION: VALELA PROPERTIES True, DEA PROPERTE Propertes Hours
DOCUMENT NUMBER: P1300056758
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Renied Peopletis PLONION Firm/ Company 6506 Suresed Circle Address Boch Ratin, FL 33496 City/ State and Zip Code
BOCA RATION FL 33496
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Attum Russo at (561) 703-0182 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

OIVISION OF CORPORATIONS
13 JUI OF CORPORSIATE
13 JUL 15 PM 2: 20

(Name of Corporation as currently filed with the Flor	· · · · · · · · · · · · · · · · · · ·
VARELA Properties duc	
(Document Number of Corporation (if k	znown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ss in Florida, enter the name of the
Nume by New Register eu Agent	
(Florida stree	et address)
New Registered Office Address:	. Florida
, (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. 1 am familiar w Signature of New Registered Agent.	

Page 1 of 4

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	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Anthony lusso	6506 Somerad Cencle
Add		•	ROCA RATON, H 33496
Remove			
2) Change	<u>D</u> _	KATHARINE RUTLAND	6506 Someset Lucle
_ X _ Add			Buch Raton, FL 33496
Remove			
3) Change	- 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

uavii aaaiii0	nal sheets, if necessal	ry). (Be specific)		
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<u>f an amendr</u>	tent provides for an	exchange, reclas	sification, or ca	ncellation of iss	ued shares,
provisions for the provisions of the provisions	or implementing the oplicable, indicate N	<u>amendment if no</u> (A)	ot contained in t	<u>he amendment i</u>	itself:
	•	·			
	·	_ <u></u>		_ 	<u> </u>
		7/1/6/			
		14/		<u> </u>	
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The date of each amendment(s) adoption: date this document was signed.	, if other than th
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 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 must be separately provided for 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 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 7/12/13 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Duictor	
(Title of person signing)	