## P14000004364

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14 MAY 12 PM 1:29

C. LEWIS

MAY 2 2 2014

EXAMINER

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	CUBANAM	E INC.			
DOCUMENT NUME	BER: P1400000436	4			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	ALEXIS VALDES				
		Name of Contact Persor	l .		
	XIOMARA LEE P	.A.			
	,,, <u>,_,,</u> ,	Firm/ Company			
	2380 SW 80 CT				
		Address			
	MIAMI, FL 33155				
		City/ State and Zip Code	<del>,</del>		
xiol	ee@aol.com				
		ed for future annual report	notification)		
	`	•	,		
For further information	concerning this matter, pleas	e call:			
ALEXIS VAL	DES	<sub>at (</sub> 786	416-4373		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
	shassee, FL 32314	2661 Executive Center Circle			
* SERVICE CONTRACTOR OF THE SERVICE TO		Tallahassee, FL 32301			

## APPROVEL AND FILED

## Articles of Amendment to Articles of Incorporation of

14 MAY 12 PM 1: 29

CUBANAME INC.		SECRETARY OF	STAME Facin
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	#DIMICH
P14000004364			
(Documer	nt Number of Corporation (if	known)	-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new na ELVALDES INC.	nme of the corporation:		
name must be distinguishable and con	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the a o". A professional corporation name must A."	
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S			-
			-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	-
(maining address into present the second	OTTICE BOX		-
			-
D. If amending the registered agent an	d/or registered office addre	se in Florida enter the name of the	-
new registered agent and/or the new	v registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent	N/A		
	(Florida stree	t address)	
New Registered Office Address:	N/A	. Florida	
New Negisierea Office Address.	(City)	, Florida (Zip Code)	-
New Registered Agent's Signature, if cl	nanging Registered Agent:		
I nereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligations of the position.	
Sig	nature of New Registered Ag	ent 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_	N/A	
Add Remove				
2) Change		<del></del>		
Add Remove				
3) Change	<del></del>	_		
Add				
4) Change	<del></del>	_		
Add Remove			•	
5) Change		-		
Add Remove				
6) Change		-		
Add				
Remove				

. <u>If am</u> Attac	nending or adding additional Article ch additional sheets, if necessary).	es, enter change(s) here: (Be specific)
1/A		
		. <u></u>
	•	
prov	a amendment provides for an excharge issues an excharge issues for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
<del></del> .		



The date of each amendment(s) adoption	: N/A 14 HAY 12 PM 1: 29	, if other than the
date this document was signed.	India I to the second of the s	
Effective date if applicable: N/A	SECRETARY OF STATE	
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
The amendment(s) was/were approved be must be separately provided for each vo	by the shareholders through voting groups. The following statement of the 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 action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated5 /	2/14	
Signatura		
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	_
ALEX	(IS VALDES	
	(Typed or printed name of person signing)	<del></del> ,
PRES	SIDENT	
- Control of the Cont	(Title of person signing)	<del></del>