P95000008286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ____ Certificates of Status ____

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Amend

FILED
10 SEP 15 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 1[illegible] 2010

Law Offices of
ALEXANDER E. BORELL

2889 10TH AVENUE NORTH, SUITE 302
LAKE WORTH, FLORIDA 33461
(561) 439-9401 OFFICE
(561) 434-4286 FACSIMILE

3211 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FLORIDA 33134
(305) 275-8825 OFFICE
(305) 275-7561 FACSIMILE

September 13, 2010

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314
Attn: Amendment Section

RE: Modification of COMERCIAL ANDINA IMP. & EXP. CORP, Director /Officer Information.

Dear Sir or Madam:

Attached is an original and copy of the amendments to the above corporation.

Please take all the steps needed to amend the Directors of said corporation, and if you have any questions please feel free to contact me.

Very truly yours,

Alexander E. Borell, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMERCIAL ANDINA IMPORT & EXPORT CORP.

DOCUMENT NUMBER: P95000008286

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER E. BORELL
Name of Contact Person

ALEXANDER E. BORELL LAW
Firm/ Company

3211 PONCE DE LEON BLVD #200
Address

CORAL GABLES, FL 33134
City/ State and Zip Code

ALEX@BORELLLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX BORELL at (786) 586-5562
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:

- ☐ $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

Articles of Amendment
to
Articles of Incorporation
of

COMERCIAL ANDINA IMPORT & EXPORT CORPORATION
(Name of Corporation as currently filed with the Florida Dept. of State)

P95000008286
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Same
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Same

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10 SEP 15 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Same

New Registered Office Address: _____
(Florida street address)

_____, Florida _____
(City) *(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 obligations 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)

Title	Name	Address	Type of Action
VP	PATRICIA KOKALY	782 NW LEJEUNE RD SUITE # 431 MIAMI, FL 33126	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 8-25-10
(date of adoption is required)

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 AUG. 25, 2010

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)

PATRICIA NAZAR
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)