

PO6000096329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

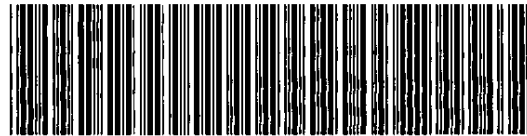
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

FILED
10 AUG 25 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 27 2010

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Horse Wear Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

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☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

HORSE WEAR CORP.

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Article I the name and address of the corporation is:

HORSE WEAR CORP.
1720 NW NORTH RIVER DR STE 305
MIAMI, FL 33125

Article VII: Name, title and mailing address of officer/directors of this corporation is amended as follows:

<u>Name</u>	<u>Title</u>	<u>Mailing Address</u>	<u>Shares</u>
Irma Lindo De Marron	P, R-A, T	1720 NW North River Dr Ste 305 Miami, Fl 33125	50%
David Saa	VP	1720 NW North River Dr Ste 305 Miami, Fl 33125	50%

SECOND: 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, are as follows:

THIRD: The date of each amendment's adoption August 23, 2010

FOURTH: Adoption of Amendment(s) (check one)

√The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was /were sufficient for approval.

FILED

10 AUG 26 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 23 day of August 2010

Signature *Olinda de Marron*
(By the Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

Or

(By a director if adopted by the directors)

OR

(By incorporators

I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT

Olinda de Marron
Irma Lindo De Marron
President