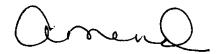
## P08000093491

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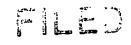
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION: CARBALUC	G,CORP.	
DOCUMENT NUMBER: P0800009349		
The enclosed Articles of Amendment and fee are sul	•	
Please return all correspondence concerning this mat	ter to the following:	
EDUARDO OTTO	DLINO	•
CARBLAUG,COF	Name of Contact Person	1
5000 NW/ 77711 0	Firm/ Company	
5300 NW 77TH C	<del></del>	01
MIAMI FL 33166	Address	
	City/ State and Zip Code	e '
EOTTOLINO@GMAI	L.COM	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
EDUARDO OTTOLINO	at (305	, 9702959
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle ussee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## CARBALUG, CORP.

2012 JUL -2 PM 12: 01

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE FLORIDA P08000093491 (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: 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) 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 (Florida street address) . Florida New Registered Office Address: \_ (City) 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)

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 Doe	•
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	LUGO ALFREDO	5300 NW 77 COURT, SUITE 101 DORAL FL 33166
2) Change Add Remove	D	ESPINOZA, ANDRES RAMAN	5300 NW 77 COURT, SUITE 101 DORAL FL 33166
Change Add X Remove	D	COLMENARES, ASDRUBAL E	5300 NW 77 COURT, SUITE 101 DORAL FL 33166
4) X Change Add Remove	P/D/S	OTTOLINO, EDUARDO	5300 NW 77 COURT, SUITE 101 DORAL FL 33166
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
RTICLE IV	
ECLASIFICATION OF	SHARES
DUARDO OTTOLINO 1	100%

The date of each amendmen	t(s) adoption: 0/14/12
Effective date <u>if applicable</u> :	6/14/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/weby the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/wee must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes by 100	s cast for the amendment(s) was/were sufficient for approval
	(voting group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 6/1	4/12
Signature _	NOT
	By a director, president or other efficer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court
	ppointed fiduciary by that fiduciary)
	EDUARDO OTTOLINO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)