1200003/327

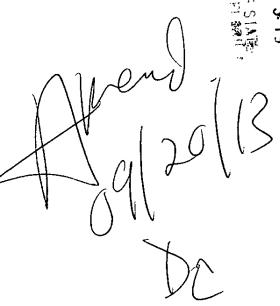
(Requestor's Name)	
(Address)	5002509
(Address)	3002303
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/12/13010
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	1 Mens
	20

Office Use Only



58245

64--064 **35.00



COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: _ DOCUMENT NUMBER: P1200003132 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation

of	
Sotelo Accounting Cor	b.
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P 12 0000 31327	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	930 Hialeah Drive STE 10
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Hialeah FL 33010
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9918 SW 5 ST Circle Manu FL 33174
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Susana Ca	2n0
930 Hidea (Florida stree	h Drive StE 10 el address)
New Registered Office Address: Hialeah (City)	, Florida <u>33010</u> (Zip Code)
	ith and accept the obligations of the position. gent, 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> <u>Joh</u>	ın Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sai</u>	ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S.V_	Susana Cano	13876 SW 56 ST
X_ Add			apt 215
Remove			Manu FL 33175
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addit</i>	or adding adding adding sheets, if	necessary).	(Be specific)	· · · · · · · · · · · · · · · · · · ·			
						<u> </u>	
						 	-
			-				
· · · · · · · · · · · · · · · · · · ·							
<u> </u>							
f an amend	ment provide:	s for an exch	ange, reclassi	fication, or can	ncellation of is	sued shares,	
provisions (if not a	for implement applicable, ind	ting the amen	<u>idment if not</u>	contained in th	<u>he amendment</u>	itself:	
(1) 1101 1	ippricuote, imi	icurc 14/21)					
						,	
			•		· •	·	
		·					
		<u>.</u>			<u> </u>		

The date of each amendment(s) adoption: $0!/0!/20!3$, if other than the
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)	
(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 09/03 3013	
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)	
Taniel So-telo (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President:	
(Title of person signing)	