567A38

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
·	(Document Number) Certificates of Status
Special Assurtions	o Fling Officer:
FIRRECT	ON BY PHONE TO
DATE	9/16/13

Office Use Only



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09/06/13--01007--020 **35.00

EFFECTIVE DATE 13

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B Bedrock SEP 1.5 2003

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

INVERT MENT CORP. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 70 MIRAUE MILE Address 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 is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the FI	lorida Dept. of	State)	
PIAZ INVEGIMENT O	WRP.	567230	
(Document Number of Corporation (if			_
Pursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	Florida Profit (•	_
A. If amending name, enter the new name of the corporation:		EFFECTIVE DATE 9/6	,/13 The name
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord" "chartered," "professional association," or the abbreviation "I	Co". A profes		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		O MIRACUE MIL	_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·370	MIRAUE MILE LI GABLES, FL B	22127 - - -
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address. Name of New Registered Agent RAFAE DIAZ	essin Florida,		3 SEP -6 PH 4: CRETARY OF SIAT NAHASSEE, FLORE
	eet address)	22121	₽F 7
New Registered Office Address(City)	2)	, Florida <u> </u>	±
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accept		

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 <math>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	PT Jol	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>y</u>	RAFAEL A. DIAZ REVOCAB	LETRUST 370 MIRACLE MILE
X Add			CORAL GABUES FL
Remove			23/34
2) Change	<u></u>	RAFAR D. DIAZ	6129W1030
_X Add			MIAMI, FL 33134
Remove	i)	AGUNCION DAZ-	282 1111 Plane 1 Aut.
3) Change		ROPRIGUEZ	283 VIA RUGO LANE
Add Remove		Nonegold	LAKE HARY, FL 32746
	D	ANA DIAZ	612 EW 103 CT
4) Change	<u> </u>	MA UIAC	
Add			MIAMI, FL 33174
	D	XIDHARA C. RIONDA	9751 OW 12 TEXERACE
5) Change	_ _	MUMMENT OF NOISING	11/11/11/12/12/14
			1914MI, 10 2/2/11
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articular ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an excharge special and a mer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the amendment users.
09-9 <u>8-</u> 18-18-88-1	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: date this document was signed.	, if other than the
1/1/2	
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.	
DatedAUGUST 29,2013	
Calai Di X	
Signature (By a director, president or other officer – in 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)	
RAFAR DIAZ	
(Typed or printed name of person signing)	
VICEREEIDENT	
(Title of person signing)	