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SECRETARY OF STATE
TALLAHASSEE, FLORIG

9/11/13

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: FRANK QUINTERO OR P.A.
DOCUMENT NUMBER: H95147
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANK QUINTERED, JR.  Name of Contact Person  FRANK QUINTERED JR., P.A.  Firm/ Company  75 VALENCIA AVE SUITE 800  Address  COURT CARRES, R. 33134  City/ State and Zip Code  F QUINTERED & QUINTERED Law. NET  E-mail address: (to be used for futule annual report notification)
For further information concerning this matter, please call:
THANK QUINTEKO, OR at (305) 446-0303  Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment FILED Articles of Incorporation P. A. 2013 SEP - 3 PM 1: 12 LINTERD OR. (Name of Corporation as currently filed with the Florida Dept. of State) 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: Broche 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: same as above (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 75 VALENCIA AVE SUITE
(Florida street address) New Registered Office Address: SAME AS Above, Florida 33134

CORAL CORBLES

(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)

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>	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>	Address			
1) Change	V	JUAN P. Broche	75 VOLENCIA BYE SULV CORNI GALDEN, R. 3313			
Add			Court Galder, R. 3313			
Remove						
2) Change			····			
Add	,					
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amending or adding additional Artistach additional sheets, if necessary).	(Be specific)
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
10/52	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: AUGUST 1 2013	<del></del>
(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	
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 8 28 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature Clark Quet	
(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)	
FRANK QUINTERD, OR	
(Typed or printed name of person signing)	
FRESIDENT	
(Title of person signing)	