J84975

(Re	questor's Name)		
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(Cit	y/State/Zip/Phone	e#)	
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G. Coulline SEP 1 3 2005

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: El Juncal Ltd.		
DOCUMENT NUMBER: J84975		.,
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Beatriz Mejia (Name o	f Contact Person)	
El Juncal Ltd. (Firm	m/ Company)	<u> </u>
6100 Neff Lake Road	'Address)	
Brooksville, FL 34601		<u>.</u>
	te/ and Zip Code)	
For further information concerning this matter, p	lease call:	
Beatriz Mejia (Name of Contact Person)	at(Area Code & Daytime	Telephone Number)
,	(,
Enclosed is a check for the following amount:		
x \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$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	Street Address	

Amendment Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

El Juncal,Ltd., 7NC.				
(Name of corporation as currently filed with the Florida Dept. of State)	*		44	•
15.055				
J84975 (Document number of corporation (if known)			· · · · · ·	<u>.</u>
	_	_		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> adopts the following amendment(s) to its Articles of Incorporation:	Corpora	tion		
adopts the following amendment(s) to its Articles of montporation.				
NEW CORPORATE NAME (if changing):	**.			
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," of (A professional corporation must contain the word "chartered", "professional association," or the abbreviation must contain the word "chartered", "professional association," or the abbreviation must contain the word "chartered", "professional association," or the abbreviation was a second to the contain the word "corporation" or "incorporated" or the abbreviation "Corp.," "Inc.," or "incorporated" or "incorporated" or the abbreviation "Corp.," "Inc.," or "incorporated"		Δ "\		
(A professional corporation must contain the word chartered , professional association, of the above	nation is.	-t. <i>)</i>		
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number	per(s)			
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	·- · ·			
Article Number II, Principal Office, The principal place of business and mailing address of this c	orporatio	n shal	l be:	_
and the second s	eri person		1	
6100 Neff Lake Road, Brooksville, FL 34601.	· : ?	٠٠.		
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All figures and government	TO TO	=		•
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	34	<u>ਨ</u>		_
(Attach additional pages if necessary)				
If an amendment provides for exchange, reclassification, or cancellation of issued sh	nares nr	ovicio	nne	
for implementing the amendment if not contained in the amendment itself: (if not applied				
				-
	• -			

(continued)

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The date of	f each amendmen	t(s) adoption:	8/30	0/2005		NAT TO	. i <u>e</u>
Effective da	ate if <u>applicable</u> :	(8/30/2005			··	
		(no more than 90 da	tys after amendme	ent file date)			
Adoption o	f Amendment(s)	(CHECK O	NE)				
	The amendment(s) the amendment(s)					ast for	
-	The amendment(s) following statement separately on the a	must be separate	•	_			
	"The number of	votes cast for the	e amendment(s	;) was/were suffi	cient for approv	al by	
			(voting gro	<u>p)</u>	•	٠.	,
	The amendment(s			d of directors wit	hout shareholde	∍r action	
	The amendment(s shareholder action		-	porators without	: shareholder ac	tion and	
Signed this	30TH day of	AUGUST					
	Signature	SMil	(1101				÷ ;
	(By a selection	director, president or or ed, by an incorporator ted fiduciary by that the	r - if in the hands o	ectors or officers ha of a receiver, trustee	ve not been e, or other court	<u> </u>	io for the
	JAIME	MEJIA				ے _ح	
		(Typed or	printed name of p	erson signing)			
	PRES	DENT					_ -
		(Title of person sig	ning)		, ,	• •