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JUL 1 1 2012

T. BROWN

## **COVER LETTER**

TO: Amendment Section

Division of Corp	orations		
NAME OF CORPOR	RATION: MILAM INTER	NATIONAL CORPO	RATION ,INC.
DOCUMENT NUM	VOCO75		<del></del>
	DER.		
•	of Amendment and fee are sul	_	
Please return all corre	spondence concerning this mat	ter to the following:	
	BERENICE IPIA-FE	ELICIANO	
		Name of Contact Persor	]
	PRATS FERNAND		
		Firm/ Company	
	999 PONCE DE LE	·	, 1110 PH
	CODAL CARLES	Address	
	CORAL GABLES, I		
		City/ State and Zip Code	e
· AD	MIN@PRATSFERN		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
BERENICE IF	PIA-FELICIANO	at (305	444 8333
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:
\$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)
Am Div	iling Address endment Section ision of Corporations b. Box 6327	Amend Division	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

OINSECRETARY OF STATE  12 JUL -9 PM 2
12 JUL -9 PH 3:50
3. FO

## MILAM INTERNATIONAL CORPORATION, INC.

(Name of Corporation as currently filed wit	th the Florida Dept. of State)
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporate	tion:
	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	999 PONCE DE LEON BLVD.
(Principal office address <u>MUST BE A STREET ADDRESS</u>	SUITE 1110 PH
	CORAL GABLES, FL 33134
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	
Name of New Registered Agent	
(E)	lorida street address)
999 Ponce de Leon B	Blvd. Ste. 1110, Coral Gables, 33134
New Registered Office Address:	(City) , Florida_ (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
Signature of New Pag	pictored 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)	Title	<u>Name</u>	Address
1) Change X Add Remove	Р	FRANCIS R. FÉRNANDEZ	P.O. BOX 14-0970 CORAL GABLES, FL 33114
2) Change Add Remove	<u>P</u>	MIRIAM HERZ	3100 NW 72 AVE STE. 116 MIAMI, FL 33122
3 ) Change Add Remove	<u>VPT</u>	ANITA HERZ	3100 NW 72 AVE STE. 116 MIAMI, FL 33122
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	<del></del>		

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)	
		,
		<u> </u>
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued sha ndment if not contained in the amendment itself:	ares,
		<u> </u>
	<u> </u>	

The date of each amendment(s) adoption: JUNE 29, 2012
Effective date if applicable: JULY 01, 2012
(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.
Dated JUNE 29, 2012 Signature H WWW HWA
(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)
MIRIAM HERZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)