L49795

| uestor's Name) | |
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| /State/Zip/Phone | e #) |
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| iness Entity Nar | me) |
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| Certificates | s of Status |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| | Lima & Rot | paina Associates | s, Inc |
|--------------------------|---|--|--|
| DOCUMENT NUMB | BER: L49795 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this mat | tter to the following: | |
| | Leo Robaina | | |
| • | | Name of Contact Persor | 1 |
| | Lima & Robaina A | Associates, Inc | |
| • | ······································ | Firm/ Company | |
| | 14117 74 Street N | ٧. | |
| • | | Address | * |
| | Loxahatchee, FL. | 33470 | |
| | | City/ State and Zip Code | 3 |
| Iras | socinc@aol.com | | |
| | | ed for future annual report | notification) |
| For further information | n concerning this matter, pleas | e call: | |
| Leo Robaina | | at (561 | , 723-2449 |
| Name o | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made p | payable to the Florida Depa | rtment 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) |
| | ling Address | | Address |
| | ndment Section | | ment Section n of Corporations |
| | sion of Corporations Box 6327 | | n of Corporations Building |
| | hassee, FL 32314 | | xecutive Center Circle |
| | | Tallaha | ssee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

Lima & Robaina Associates, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) L49795 (Document Number of Corporation (if known) 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: Leo Robaina Associates, Inc. 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: (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 (Florida street address) New Registered Office Address: Florida (City) 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> | | <u>Addres</u> s |
| 1) Change Add Remove | *************************************** | | | |
| 2) Change Add Remove | | | | , |
| 3) Change Add Remove | *************************************** | | ····· | |
| 4) Change Add Remove | | | | |
| 5) Change Add Remove | | | | |
| 6) Change Add Remove | <u></u> | | | |

| If amending or adding additional Artication and Artication additional sheets, if necessary). | (Be specific) | |
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| | | <u>, , </u> |
| If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued share ndment if not contained in the amendment itself: | <u>S.</u> |
| | | |
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| Effective date <u>if applicable</u> : | |
|---|---|
| | (no more than 90 days after amendment file date) |
| doption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were ador by the shareholders was/were suf | pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast f | for the amendment(s) was/were sufficient for approval |
| by | |
| | (voting group) |
| action was not required. | pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder |
| Dated 2-20-2 | 012 |
| (By a di | rector, president or other officer - if directors or officers have not been |
| | I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| •• | • • |
| | Leo Robaina |
| · | (Typed or printed name of person signing) |
| | President |
| • | (Title of person signing) |