## N03000001340

(Re	equestor's Name)	<del></del>
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e#)
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(Bu	siness Entity Nar	ne)
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05/19/09--01019--010 \*\*35.00

2009 MAY 19 PM 4: 00
SECRETARY OF STATE

Amend 5/24/09

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Reyna Group	Home, Inc.	
DOCUMENT NUM	BER: N0300001340		
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	Ar	ny Reyna	
	(Name of	Contact Person)	
	Reyna G	roup Home, Inc.	
<u></u>	(Fim	n/ Company)	<del></del>
	6960 F	laleigh Street	
	(	Address)	
	Hollywo	ood, Fl. 33024	
	(City/ Sta	te and Zip Code)	· · · · · · · · · · · · · · · · · · ·
	reynagrou E-mail address: (to be use	phome@aol.com	notification)
For further information	on concerning this matter, pleas	e call:	
Amy Reyna		at ( 954 ) 593	3-8639 Daytime Telephone Number)
(Name	of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check f	or 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)
	ing Address	Street Address	, ´
	ndment Section	Amendment Se	
	ion of Corporations	Division of Cor	
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive	
. 4114		2001 DACCUITO	Control Cityle

Tallahassee, FL 32301

#### **Articles of Amendment Articles of Incorporation**

#### Reyna Group Home, Inc.

# All Shirts of the Ook of the Control (Name of Corporation as currently filed with the Florida Dept. of State)

#### N03000001340

(Document Number of Corporation (if known)

e new name must be distinguishable and breviation "Corp." or " Inc." <mark>"Company"</mark>		
Enter new principal office address, if a incipal office address MUST BE A STRE	pplicable:	
Enter new mailing address, if applicab		
	FICE BOX	
(Mailing address <u>MAY BE A POST OF</u> )	r registered office address in Florida	a, enter the name of t
(Mailing address MAY BE A POST OF)  If amending the registered agent and/o	r registered office address in Florida	a, enter the name of t
(Mailing address MAY BE A POST OF)  If amending the registered agent and/o new registered agent and/or the new re	r registered office address in Florida	a, enter the name of t

### 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Violet Reyna	8321 SW124 AVENUE MIAMI FL 33183	☑ Add □ Remove
<del></del>			
E. <u>If amer</u> (attach	nding or adding additional Artic additional sheets, if necessary).	es, enter change(s) here: (Be specific)	
<del></del>			
	,		

The date of each amendment(s) adoption: May 14, 2009			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.		
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
hav	the chairman or vice alairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)		
	Amy Reyna (Typed or printed name of person signing)		
	President		
	(Title of person signing)		