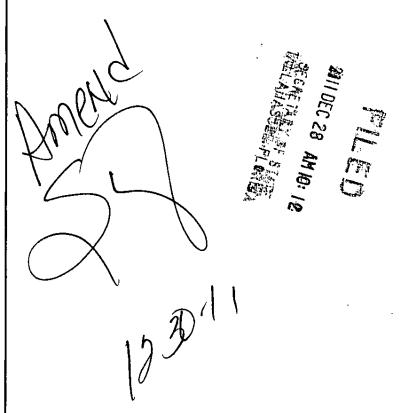
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IG/ESIA BAUTISTA WEST BROWARD
DOCUMENT NUMBER: NO400002:024
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
I LEANA M. Gile (Name of Contact Person)
I Glesia Bautista West BROWARD (Firm/Company)
20841 JOHNSON STREET- Suit # 103
Pembloke Pines, Fl 33029 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tleana M. Gil at (954) 439-2827 (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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

1		of			
Talesia B	BAN His ta	1 West	BLOWARD,.	Inc.	•
(Name of Corporation as currently file	d with the Flor				
·N	04000	00202	1		R 28 ST
(Document Nur	nber of Corpora	tion (if known)		E. C.	Co Parti
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes	s, this <i>Florida No</i>	t For Profit Corporation	adopts the following	
A. If amending name, enter the new name o	f the corporation	on:			The state of the s
name must be distinguishable and contain the		N	/4	The new	
name must be distinguishable and contain the "Company" or "Co." may not be used in the t	vord "corporati i <mark>ame</mark> .	ion" or "incorpor	ated" or the abbreviation	i "Corp." or " Inc.	u T₽
D. Enter you principal office address if any	lioobla.		IJA		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE					
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	CE POV	20841	JOHN501)_	STREET	
(Mailing address MAI BE A POSI OFFI	CE BUA)	0 -	// 100	<u></u>	
		_ Such	£ 103		
		fem b	SOHNSON. # 103 Poke Pines,	PL 3300	298
D. If amending the registered agent and/or	registered offic	e address in Flor	ida, enter the name of th	ie	
new registered agent and/or the new regi				_	
Name of New Registered Agent:		NA			
- Table of the Tagainst Car Tagainst					
		Florida street address	1		
New Registered Office Address:	(,	i ioi illa sireei aaaresii	,		
			711		
	(City)		, Florida (Zip Code)		
			(2)		
New Registered Agent's Signature, if changi				. manifica	
I hereby accept the appointment as registered of	igeni. 1 am jan	шаг жин апа асс	epi ine obligations of the	position.	
_ .					
Signatur	e of New Registe	ered Agent, if cha	nging		

Page 1 of 4

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 <math>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: XChange	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	PD	SANJANA, Jose M	20127 DE 54 Place Pembrote Pires, A 33333
2) Change Add Remove	S D	SAWYAWA, STEPHANY	20127 DE 54 Mace Pembeoke Pires, FL 33332
Change Add Remove	PD	David Gonzalez	20841 FOHUSON) ST Suite \$ 103 Pembroke Avas, FL 33029
4) Change Add Remove		RAFAEL REYES	20841 DHUSONST Suite #103 Pembroke Pines, PL 33029
5) Change Add Remove			
6) Change Add Remove			

•		
Γhe	e date of each amendment(s) adoption: 12-4-11	
C ee.	ective date if applicable: 12-4-11	
C I I C	(no more than 90 days after amendment file date)	_
Ada	option of Amendment(s) (CHECK ONE)	
×	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 12-27-11	
	Signature dear Sonail	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	I leana M. Gil	
	(Typed or printed name of person signing)	
	Secretary Director	
	(Title of person signing)	