## DUCUOIE

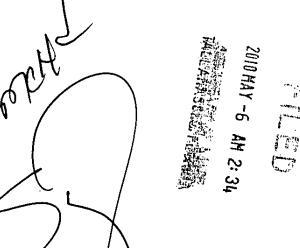
(Requestor's Name) . (Address)	400180207
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(City/State/Zip/Phone #)	05/06/100102901
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	1 orth
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	1		
NAME OF CORPORAT	ION: Diaspo	Family Ralia	£ 11c.
DOCUMENT NUMBER	N0700	0001275	
The enclosed Articles of A	mendment and fee are sub	mitted for filing.	
Please return all correspon	dence concerning this matte	er to the following:	
	lames	Leser	
<del></del>	(Name of	Contact Person)	
	(Piem	/ Company)	The state of the s
	(1111)	Company)	
a	475 Merc	er Ave, Suiddress)	te 104
	(7)	rudiess)	
$\underline{\omega}$	est Palm E	Rach, FL 33 e and Zip Code)	401
	` •	•	
	in forames	s@hotmail.c	om
	E-mail address: (to be used	for future annual report notific	cation)
For further information co	ncerning this matter, please	call	
or many mornation con	mooning this matter, prease	- cuii.	
Jame	5 Leger	at 561 891	-6767
(Name of Co	ontact Person)	at (	ime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida Departme	nt of State:
	\$43.75 Filing Fee & ertificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	LY \$32.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address	is cholosedy
Amendmer		Amendment Section	·
P.O. Box 6	Corporations	Division of Corporat Clifton Building	ions
	527 e, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

## **Articles of Amendment**

	cles of Amendment to les of Incorporation of	2010 MAY 5 44 2:34
10	Intly filed with the Florida Dept. of Solder of Corporation (if known)	- YC
ursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		Profit Corporation adopts
. If amending name, enter the new name of	·	
Enter new principal office address, if applicable:  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>T ADDRESS</u> )	
. If amending the registered agent and/or r new registered agent and/or the new regis		nter the name of the
New Registered Office Address:	(Florida street address)	<u> </u>
- Anna Anna Anna Anna Anna Anna Anna Ann	,	Florida
•	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing the hereby accept the appointment as registered osition.		cept the obligations of the
	ionature of New Registered Agent, if c	hanging

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	
Sec.	Edner Sqintil	Delmas 18 Rue San Fil, Impasse Bupe Numero 18, Port au Pri	S Add  Remove  Remove	
TD	Robenson Bernard	5, clercine 8, Tabarre, Port que Prince, Haiti		
<u> </u>	Wilter Leger	Il, clercine & Tabarre, Port qu Prince, Haiti	_	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	adoption: 4-/9-(0
	(date of adoption is required)
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/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
	<u>4-19-10</u>
Signature	omes lefe
(By the have n	e chairman of vice chairman of the board, president or other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
_	PCD
	(Title of person signing)