MOSUCXXXXX

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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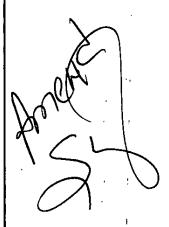






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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ation: 411 He	ME HEIP CE	1.		
DOCUMENT NUMBER: NOB 80000 2053					
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.			
Please return all corresp	oondence concerning this mat	ter to the following:			
	MANIA (Name of	Contact Person)			
	411 Hon	E HEP. n/ Company)			
	2408 pw 8	7 flace Address)			
	Dorse Per (City/Sta	a) 33/72 te and Zip Code)			
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MARIX	f Contact Person	at (<u>305</u>) <u>804</u> (Area Code & Daytim	40P5		
/ (Name o	f Contact Persony	(Area Code & Daytim	e Telephone Number)		
Enclosed is a check for	the following amount made p	payable to the Florida Department	of State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	g Address ment Section	Street Address Amendment Section			

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation



411 HOME HEIR CON.

Name of Corporation as currently filed with the Florida Dept. of State

NOB000002053

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

he new name must be distinguishable and contain bbreviation "Corp." or "Inc." "Company" or "Co."		
. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		
E. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	x P.O. B	oy 941447 ; fla 33194
	MIAM.	Aa 33194
D. If amending the registered agent and/or registent new registered agent and/or the new registered	red office address in Florid	•
	red office address in Florid	•
new registered agent and/or the new registered	red office address in Florid	•

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)

<u>Title</u>	<u>Name</u>	Address	1	Type of Action
<u> </u>	MANUEL PEREZ	Jefoz Na)	87 DIAL	_
W. M		ila	3172	
			,	_
E. If amer (attach d	nding or adding additional Articles, ente additional sheets, if necessary). (Be spec	r change(s) here: cific)		
			:	

The date of each amendment(s) adoption: 6/7/2010	
Effective date if applicable: (date of adoption is required)	
(no more than 90 days after amendment file o	late)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes ca was/were sufficient for approval.	st for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The an adopted by the board of directors.	nendment(s) was/were
Dated 6/7/2010	
Dated Le/7/2010 Signature Maria Routes	
(By the chairman or vice chairman of the board, president have not been selected, by an incorporator – if in the har other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
aloual Ostage	; <i>)</i>
(Title of person signing)	

Page 3 of 3