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NOV 08 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DESFILE PUB	ERTORRIQUENO DE OSCEOLA INC.
DOCUMENT NUMBER: N09000008272	NAMES AND A STATE OF THE STATE
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
INGRID D. FIGUEROA	
(Name	of Contact Person)
A711	
(Fi	rm/ Company)
485 Peppermill Circle	(Address)
	(Addition)
Kissimmee, FL 34758 (City/ S	tate and Zip Code)
N.	
idf618A@aol.com E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase cali:
INGRID D. FIGUEROA	at (407) 334-6450
(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:
□\$35 Filing Fee	Certified Copy (Additional copy is enclosed) \$\int_{\$\$52.50\$\$ Filing Fee & Certificate of Stat Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

DESFILE PUERTORRIQUENO DE OSCEOLA INC.

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

N0900008272			
(Document Number of Corpor	ation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts		
A. If amending name, enter the new name of the corporat	ion:		
The new name must be distinguishable and contain the wor abbreviation "Corp." or "Inc." "Company" or "Co." may n	od "corporation" or "incorporated" or the		
B. Enter new principal office address, if applicable:	485 PEPPERMILL CIRCLE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	KISSIMMEE,FL 34758		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.BOX 422404		
	KISSIMMEE,FL 34742		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a			
Name of New Registered Agent:			
485 PEPPE	RMILL CIRCLE	3	
New Registered Office Address: (Florida street address)		3	
KISSIMME		3 9 9 9 9 9 9 9 9 9 9	
	(City) (Zip Code)	나 유료	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I an position.		Onepony	
Vnare	d N. Figueron	RATIO RATIO	
/ Signature of Ne	w Registered Agent, if changing	됐	

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1)	Lola Quiro		5 Houda Pa	nkury reda
2)				
3)				
4)	· · · · · · · · · · · · · · · · · · ·			
5)	·			
6)				
If REMOVING	an officer and/or director, please	list the title(s) ar		irector to be
removed:				
Title(s)	Name	Title(s)	<u>Name</u>	
1)	Caumen Molina	4)		
2)	#	5)		
3)				

c. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
<u></u>			· · · · · · · · · · · · · · · · · · ·			
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	t(s) adoption: 10-28-11
The date of each amendmen	t(s) adoption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or madopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated 10/28	3/2011
	2/
Signature	Umaria hi hayessa
(By hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	INGRID D. FIGEROA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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