(Reque	stor's Name)	
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(Docum	nent Number)	
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Ansind (10,8/4/10)

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CO	DRPORATION: ASOCIACIÓN	ORESCATE DEPO	Rtivo, INC:
DOCUMENT	NUMBER: N1000	002523	
The enclosed A	rticles of Amendment and fee are subm	nitted for filing.	
Please return al	l correspondence concerning this matte	er to the following:	
	ANA ROSA A	Contact Person)	<u> </u>
	(Name of C	Contact Person)	
i	ASOCIACIÓN RESC.	PAFE DE FORTIVI Company)	, INC.
	10351 COUNC	I/S WAY	
	TAMBA, FL (City/State	33617 and Zip Code)	
	ARIAS ANAROSA CE-mail address: (to be used	JAhoo.com Tot future annual report notifica	tion)
For further info	rmation concerning this matter, please	call:	
ANA K	DSA ARIAS Name of Contact Person)	at (737) 810 - (Area Code & Daytim	7671 e Telephone Number)
Enclosed is a cl	heck for the following amount made pa	yable to the Florida Department	of State:
\$35 Filing F	ee	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporation Clifton Building	,

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	of	
Associación Pas	CATE DEPORTIVO, IN	
	urrently filed with the Florida Dept. of St	
_ •	1	nte)
<u> </u>		
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		Profit Corporation adopts
A. If amending name, enter the new nam	e of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company		corporated" or the
B. Enter new principal office address, if a	annliga blar	
(Principal office address MUST BE A STR		-
		AU
		6 22
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
(Muning numess MAI DEA 1001 OF	TICL BOX)	3 7
		.
		₹
D. If amending the registered agent and/o		ter the name of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent:		
;		
New Registered Office Address:	(Florida street address)	
		Florido
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as register position.	nging Registered Agent:	ept the obligations of the
-	Signature of New Registered Agent, if ch	 anging

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>	Name	Address	Type of Action
Director	ANA ROSA ARIAS	10351 COUNCILS WAY TAMBA, FL 33617	Add Remove
			☐ Add ☐ Remove
***************************************	· ·		☐ Add ☐ Remove
E. <u>If amendin</u> (attach addi	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	hange(s) here:	
		 	
			<u></u>
····			.
·	· · · · · · · · · · · · · · · · · · ·		
	· ·		

The date of each amendment(s) ado	ption: <u>JUNE 30,0010</u>
• • •	(date of adoption is required)
Effective date <u>if applicable</u> :	JUNE 30, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were
Dated July Signature	30,2010.
(By the cha	nirman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
· 	ANA ROSA STUAS (Typed or printed name of person signing)
EXCE	Title of person signing)

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