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(Re	equestor's Name)	
•		
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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DEC 16 2010

EXAMINER

COVER LETTER

. TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORE	PORATION: SALSA K	ios, ivc.	
DOCUMENT NU	MBER:	06961	
The enclosed Artic	les of Amendment and fee are submi	itted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	RICARD HERN	AN17EZ	
	(Name of Co	ontact Person)	, ,
		Company)	
,	10208 ACAVISIA	AVE STE 302	
·	(Add	dress)	
	TAMPA, FL 3364 (City/ State a	7-3102	
	(City/ State a	and Zip Code)	
		MIL.COM or future annual report notification	
	E-mail address: (to be used f	or future annual report notification	on)
For further informa	tion concerning this matter, please co	all:	
RICARDO	KERNANGEZ	at (813) 395.	3095
(Nan	ne of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check	for the following amount made paya	able to the Florida Department of	f State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div	ciling Address endment Section vision of Corporations D. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	ŕ

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation of

(Name of Corporation as current	1)6961	ne Fiorida Dept. of Sta	<u>te</u>)
(Document Number	er of Corporati	on (if known)	·
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Inco.		this Florida Not For Pi	rofit Corporation adopts
A. If amending name, enter the new name of the	ne corporation	<u>ı:</u>	
The new name must be distinguishable and cont	ain the word	"corporation" or "inco	rporated" or the
abbreviation "Corp." or "Inc." "Company" or "			*
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		N/A	3 64
			EC_
			OEC 14 AM 8:59
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	NA	
			
D. If amending the registered agent and/or regi			er the name of the
new registered agent and/or the new register)//\	ress:	
Name of New Registered Agent:	7/A		-
New Registered Office Address:	(Floria	dajstreet address)	_
	1)/	A	. Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as position.		ent: amiliar with and accept	t the obligations of the
	N	A	
Sign	ature of New 1	Registered Agent, if char	nging —

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)

Type of Action <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ☐ Remove ☐ Add ☐ Remove 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:	12.8.10			
Effective date if applicable:	(date of adoption is required)			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	CHECK ONE)			
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)			
There are no members or members entitl adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were			
Dated	ods Krumder			
have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)			
	Typed or printed name of person signing)			
<u> </u>	CHIVE DIRECTOR (Title of person signing)			