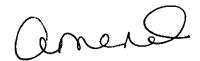
N1000011599

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Basilloss Ellik, Nellie) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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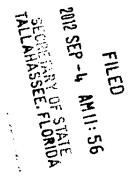
Office Use Only



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8/10/12

COVER LETTER

TO: Amendment Section Division of Corporations

| El Ingenio Inc. NAME OF CORPORATION: | | *** | |
|--|--|---|---|
| N10000011599 DOCUMENT NUMBER: | | 79: | _ |
| The enclosed Articles of Amendment and the are subn | nitted for filing. | | |
| Please return all correspondence concerning this matte | r to the following: | | |
| Rocío Carmona Sanz | | | |
| | (Name of Contact Person | 1) | |
| El Ingenio Inc. | | | |
| | (Firm/ Company) | | _ |
| 1228 West Avenue, Suite 1510 | | | |
| | (Address) | | _ |
| Miami Beach, FL, 33139 | | | |
| | (City/ State and Zip Code | e) | _ |
| rociocarmona@elingenioteatr | o.com | | |
| E-mail address: (to be used | for future annual report | notification) | |
| For further information concerning this matter, please | call: | | |
| Vanesa Paz | 786 | 683-2948 | |
| (Name of Contact Person) | (Area Co | _)ode & Daytime Telephone Number) | |
| Enclosed is a check for the following amount made pa | | | |
| \$35 Filing Fee \$\times \text{\$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) | |
| Mailing Address Amendment Section Division of Corporations | Amend | Address ment Section n of Corporations | |

Amendment Section Division of Corporations P.O. Box 6327 Tallabassec, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2012 SEP -4 AM 11: 56

El Ingenio Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N10000011599 (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: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>V Mi</u> | nn Doe ke Jones lly Smith | | |
|----------------------------------|---------------------------------------|---------------------------------|---------|--|
| Type of Action (Check One) | Title | <u>Name</u> | Address | |
| 1)Change | N/A | N/A | N/A | |
| Add | | | N/A | |
| Remove | | | N/A | |
| 2) Change | N/A | N/A | N/A | |
| Add | | | N/A | |
| | | | N/A | |
| Remove 3)Change | N/A | N/A | N/A | |
| Add | | | N/A | |
| Remove | | | N/A | |
| 4) Change | N/A | N/A | N/A | |
| 4) Change | · · · · · · · · · · · · · · · · · · · | | N/A | |
| Add Remove | | | N/A | |
| 5) Change | N/A | N/A | N/A | |
| Add | | | N/A | |
| Add | | | N/A | |
| | N/A | N/A | N/A | |
| 6) Change | | | N/A | |
| Add | | | N/A | |
| Remove | | | | |

| E. | If amending or adding | additional Articl | es, enter change(s) here |
|----|---------------------------|-------------------|--------------------------|
| | inttach additional chaate | if nacaeeana) | (Ra manific) |

| The date of each amendmen | August 2011, 2012 t(s) adoption: |
|--|--|
| Effective date if applicable: | August 20th,2012 |
| enerive date <u>ii appireame</u> . | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/w was/were sufficient for ap | vere adopted by the members and the number of votes cast for the amendment(s) pproval. |
| There are no members or adopted by the board of | members entitled to vote on the amendment(s). The amendment(s) was/were directors. |
| Dated Aug Signature | ust 20th,2012 |
| (By the | e charmed or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
| Rocío Ca | armona Sanz |
| Presiden | (Typed or printed name of person signing) |
| ************************************** | (Title of person signing) |