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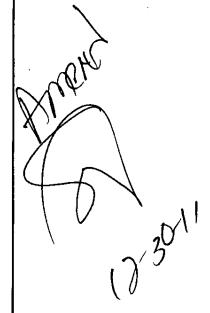
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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: DU M	ne Alas Inc
DOCUMENT NUMBER: N 1100	00010123
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Pedro Cavalcas)ti
	(Name of Contact Person)
Dame Alas I	Firm/ Company)
	(Firm/ Company)
898 Brickell	Ave, Soite 1230, Miami, FL 33131
	33)3((City/ State and Zip Code)
	(City/ State and Zip Code)
E-mail address: (to be	cused for future annual report notification)
For further information concerning this matter, p	lease call:
Pedro Cavalcanti	at (305) 505.9525
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of Status C	ce & 43.75 Filing Fee & \$\sum \\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy
enclosed	(Additional Copy is
	enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Pame Alas Inc	
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
N110000 10123	
(Document Number of Corpo	ration (if known)
rsuant to the provisions of section 617.1006, Florida Statut tendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the fo
If amending name, enter the new name of the corporat	tion:
me must be distinguishable and contain the word "corpord Company" or "Co," may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or
Enter new principal office address, if applicable:	848 Brickell Ave
rincipal office address MOST BE A STREET ADDRESS	¹ <u>Soite 1230</u>
	Miam: FC, 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	818 Briovell Ave
	Suite 1230
	Miami, FL, 33131
If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent:	<u>A</u>
ew Registered Office Address:	(Florida street address)
A I A	
<u></u>	, Florida
(Chy)	(Zip Code)
ew Registered Agent's Signature, if changing Registered agert the appointment as registered agent. I am fa	
Signatura of Nov Pagie	stared Agent if changing

Page 1 of 4

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.

X Change	PT J	ohn Doe	
X Remove	<u> </u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	I	Giovanna F. Mecozci	GOO Grapetree dr apt GEN Key Biscayne Ft. 33149
2) Change Add Remove	<u>T</u>	Roberto Cavalcanti	898 Brichell Ave by the 1030. Miami, FC, 35131
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	***************************************		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
N/A					
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The date of each amendment(s) adoption:		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or members adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated 17/	17/2011	
Signature		
(By the chair have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
<u>Pedro</u>	Cavalcanti	
	(Typed or printed name of person signing)	
Pres	ordent-	
 	(Title of person signing)	