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JUL 1 3 2012

T. ROBERTS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: 1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) used for future annual report notification) For further information concerning this matter, please call: (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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address **Street Address** Amendment Section 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

Canada Maria Tila	12
Serborynsion, INC	Florida Dept. of State)  SECTION 13  FALLAND STATES
(Name of Corporation as currently filed with the F	Alle Alle Alle State
N12000002543	"MSS.F. STATE
(Document Number of Corp.	oration (if known)
ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
If amending name, enter the new name of the corpora	ration:
	The ne
	ration" or "incorporated" or the abbreviation "Corp." or "Inc.
Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	NA NA
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
MATERIAL DESIGNATION OF THE POST OF THE PO	1917.
•	
. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent: NA	
<del></del>	(Florida street address)
lew Registered Office Address:	
HIA	, Florida <u>'</u>
(Cit)	y) (Zip Code)
ew Registered Agent's Signature, if changing Registere	ed Agent:
hereby accept the appointment as registered agent. I am f	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	PT John	1 <u>Doe</u>	,
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	,
Type of Action (Check One)	Title	Name . ,	, <u>Addres</u> s
1) Change Add Remove	P	Janifer Herrera	10730 921361 Mianu Fi 33174
2) Change Add X_ Remove	P	Tania Magnan	10730 SW BLOST Mary to 3374
3) Change Add Remove	P	Marlene Menendez	10780 SW 13654 Manui Fl 33176
4) Change Add Remove	<u>P</u>	Naji zakka	10730 S.J. 13/0 St Manu F 33/74
5)ChangeAddRemove	D	Amanda Zakka	10730 SD 13651 HIGNU TO 33176
6) Change Add Remove			

, <u></u>	· · · · · · · · · · · · · · · · · · ·

The date of each amendment	(s) adoption: 07 06 3013	<u> </u>
Effective date <u>if applicable</u> :	` <u> </u>	
	(no more than 90 days after amendment f	île date)
Adoption of Amendment(s)	(CHECK ONE)	e e e e e e e e e e e e e e e e e e e
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and thenumber of votes or proval.	cast for the amendment(s)
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The a irectors.	amendment(s) was/were
Dated D	106/2012	<i>:</i>
Signature	nany rakla	
have n	chairman or (vice tairman of the board, president or of been selected, by an incorporator – if in the hands court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
PV	(Typed of printed name of person signing)  (Title of person signing)	