11200009839

(R	equestor's Name)	
(A	ddress)	
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

Total of Contolerion	DE SU PRESE	NCIA INC.	
DOCUMENT NUMBER: N120000983	39		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
KENNETH W. M	CCOY		
	Name of Contact Persor	1	
EL LUGAR DE S	U PRESENCIA	INC.	
	Firm/ Company		
15271 NW 60TH	AVE., SUITE 20)3	
	Address		
MIAMI LAKES, F	L 33014		
	City/ State and Zip Code	2	
kmasayna@hallsoyt	h not		
kmccoypa@bellsoutl	sed for future annual report	notification)	
E-man address: (to be di	sed for future annual report	notification)	
For further information concerning this matter, please	se call:		
KENNETH W. MCCOY	at (305	, 698-9001	
Name of Contact Person	at (305) 698-9001 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$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 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently file		rida Dept. of Star	te)			
N12000009839			<u></u> ,			
(Document Number of C	Corporation (if k	nown)				
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flo	orida Profit Corp	<i>oration</i> ado	pts the following	amendm	ent(s) to
A. If amending name, enter the new name of the cor	poration:					
					The nev	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co	". A profession	"incorpora al corporati	ated" or the ab- on name must c	breviation ontain th	n e
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ø					
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		s in Florida, ente	er the name	of the		
Name of New Registered Agent	· -					
	(Florida street	address)				
New Registered Office Address:	(City)	<u> </u>	, Florida	(Zip Code)	2013 APR	<u>```</u> []
New Registered Agent's Signature, if changing Regi	stered Agent:			स १८८८ १८८८	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	i
I hereby accept the appointment as registered agent.	am familiar wit	h and accept the	obligations (of the position.	ु 💢	
Signature of No.	Dagistanad Age	ant if abanaina		2.	.1	

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 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	SECRETAR	RY	JONATHAN ROMERO	4012 MCCLARY DR
X Add				
Remove				PLANO, TX 75093
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

auach <i>aaaili</i>	onal sheets, if n	ecessary). (s, enter change Be specific)			
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Famamand,	nant muasiidaa (for an avalor	ga waalaasifiaa	tion on concel	lation of issue	Lahawar
rovisions f	or implementir	or all excitan	ge, reclassifica ment if not con	tained in the a	mendment its	elf:
(if not a	pplicable, indic	ate N/A)				
						-

The date of each amendment(s) ac	doption: 04/15/2013
Effective date <u>if applicable</u> : 04	/15/2013
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
action was not required. The amendment(s) was/were add	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required. Dated 04/15/	2013
Dated OT/ 10/	2010
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	JUAN PABLO LANDINEZ
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)