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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : XIOMARA LEE, P.A.

Account Number : I20040000008 Phone : (305) 262-2323

Fax Number : (305)262-2324

COR AMND/RESTATE/CORRECT OR O/D RESIGN

TADEOS ALF CORP.

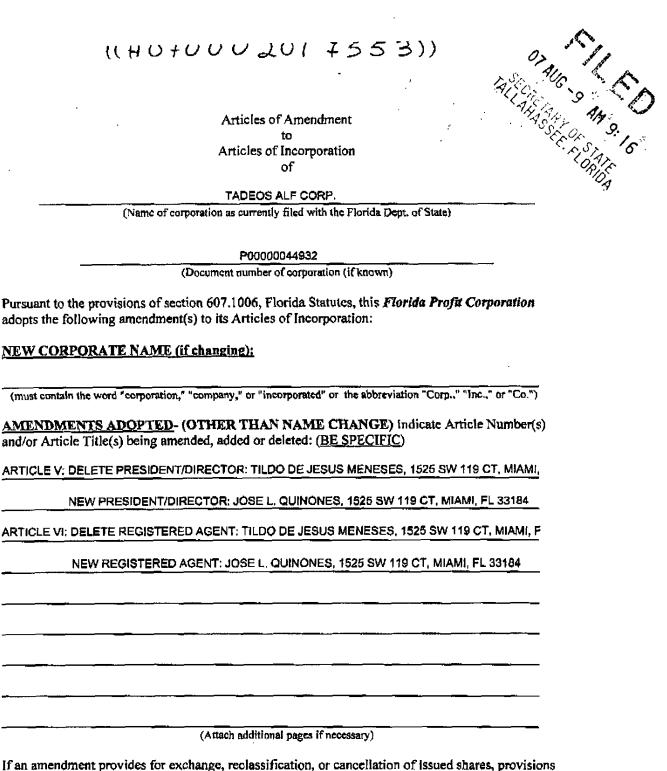
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Articles of Amendment of



(continued)

for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)

## ((HU+00U dU1 +35 3))

The date	of each amendm	ent(s) adoption:	AUGUST 9, 2007
Effective	date if applicable	e:AUGUST	9, 2007
		(no more than 90 day	s after amendment file date)
Adoption	of Amendment(	s) ( <u>CHECK O</u>	NE)
Ø			by the shareholders. The number of votes cast for was/were sufficient for approval.
	☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
	"The number	r of votes cast for the a	mendment(s) was/were sufficient for approval by
			(voting group)
		(s) was/were adopted baction was not require	by the board of directors without shareholder action d.
		(s) was/were adopted lon was not required.	by the incorporators without shareholder action and
Signed thi	s 9 day	of AUGUST	
	se	elected, by an incorporato	of officer - if directors or officers have not been if in the hands of a receiver, trustoe, or other court
	aţ	ppointed fiduciary by that f	duci <b>ery</b> )
	· _	TILDO I	DE JESUS MENESES
		(Typed or p	rinted name of person signing)
		PRE	SIDENT/DIRECTOR

(Title of person signing)

## ((HOTOOO 201 755 3))

## <u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT 5050 L. Quinones 6701 SUL 27 ST MIGMI, FL 33155

