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| PICK-UP | ☐ WAIT | MAIL | | |
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APPROVED AND PILED

C. LEWIS 5 2014

EXAMINATER

COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION: SACOR TROPICAL, CORP | | | | | |
|--|--|--|--|--|--|
| DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| <u>Ramon Rujes</u> | | | | | |
| Name of Contact Person Person Person | | | | | |
| 5035 Palm Ave | | | | | |
| Hallah, PC 33018 | | | | | |
| City/State and Zip Code denisomt@bollsouth.net | | | | | |
| E-mail address: (to be 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | | | |

APPILAED AND FILED

Articles of Amendment to

Articles of Incorporation

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1/ HAY 22 PH 3: 45

| SABOR TROPICAL CORPORATION |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| P000000 79701 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) ts Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| 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: Name of New Registered Agent Name of New Registered Agent Name of New Registered Agent |
| New Registered Office Address: Address |
| New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of the 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 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 Doe | |
|----------------------------|--------------|-----------------|--------------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | PL | HECTOR GONZALEZ | 3648 N.W. 1024 St |
| Add | | | MAMI, Pl. 33147 |
| Remove | | | |
| 2) Change | P | MAKEL RAMREZ | 282 W. 34 St. |
| Add | | | HIALEAG Pl. 33012 |
| Remove 3) Change | VA | ERNESTO MAYA | 6962 N.W. 179th st. |
| Add | | | Apt. 110 HISLEAG, Fl. 33015 |
| Remove | | . / | |
| 4) Change | | NELSON MAYA | 6962 N.W. 179th St. |
| Add | | | Apt. 110 |
| Remove | | | HIALEAH, Fl. 33015 |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

APPROVEL AND FILED

| • | | FILED | |
|--|--|---|----------------------|
| The date of each amendment(s) adoption date this document was signed. | :: | 14 HAY 22 PH 3: 45 | _, if other than the |
| Effective date <u>if applicable</u> : | 04/30/14 | SLORE WHITE PARTY CONTROL mendment file date) | |
| | (no more than 90 days after a | mendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient | y the shareholders. The number of vo | otes cast for the amendment(s) | |
| The amendment(s) was/were approved to must be separately provided for each versions. | | | |
| "The number of votes cast for the | amendment(s) was/were sufficient for | or approval | |
| by | (voting group) | ,,, | |
| | (voting group) | | |
| The amendment(s) was/were adopted by action was not required. | y the board of directors without share | holder action and shareholder | |
| The amendment(s) was/were adopted by action was not required. | y the incorporators without sharehold | er action and shareholder | |
| Dated | 30/14 | | |
| Signature | Jenesto Ma | ye | _ |
| selected, by an | presentent or other officer — if derecton incorporator — if in the hands of a reciary by that fiduciary) | | |
| | NESON 10 (Typed or printed name of | 1444 | _ |
| | (Typed or printed name of | f person signing) | |
| | SECRET. | ARY | _ |
| | (Title of person s | igning) | |