## PD/DD0012492

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION. GUZMA	n Transition Management, INC	
DOCUMENT NUMBER: P0100001		
The enclosed Articles of Amendment and fee		
Please return all correspondence concerning the	nis matter to the following:	
Alexis Miller		
	Name of Contact Person	
Guzman Trar	sition Management, INC	
<del></del>	Firm/ Company	
101 Aragon A	ve	
	Address	
Coral Gables	, FL 33134	
	City/ State and Zip Code	
agmiller@guzma	n.com	
	be used for future annual report notification)	•
For further information concerning this matter	r, please call:	
Alexis Miller	at (305 ) 374.3600	
Name of Contact Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check for the following amount	made payable to the Florida Department of State:	
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## **Articles of Amendment Articles of Incorporation** of

Guzman	Transition	Management.	. INC
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	agement, INC.  currently filed with the Florida Dept. of State)	
Guzman Transition Mana	agement, INC	
(Name of Corporation as	currently filed with the Florida Dept. of State)	<u>~</u> .
P01000012492	CAMASSER 27.12	১5
(Documen	agement, INC.  currently filed with the Florida Dept. of State)  It Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the following amendm	ente
A. If amending name, enter the new na	ime of the corporation:	
Guzman Financial Engine	eers, INC	
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations		n 1e
B. Enter new principal office address, (Principal office address MUST BE A ST		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (		
	d/or registered office address in Florida, enter the name of the	
new registered agent and/or the new  Name of New Registered Agent	Alexis Miller	
	101 Aragon Ave, Coral Gables 33134	
	(Florida street address)	
New Registered Office Address:	101 Aragon Ave, Coral Gables, Florida 33134	
	(City) (Zip Code)	
	hanging Registered Agent:  Level agent. I am familiar with and accept the obligations of the position.  A company of the position of the position of the position.  A company of the position of the position of the position.	

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 Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>S</u> a	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PD	Alexis Miller	5825 Maynada St
X Add			Coral Gables, FL 33146
Remove			
2) X Change	D	Lepoldo Guzman	809 Coral Way
Add			Coral Gables, FL 33134
Remove			<b>81.1811 81 1</b>
3) Change	D	Susan Guzman	809 Coral Way
Add			Coral Gables, FL 33134
X Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
	•
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
or implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s)	adoption: 12-14-121
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 by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	opproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes case	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were acaction was not required.	dopted by the incorporators without shareholder action and shareholder
Dated /	MASC 2012
Signature	lubal. 00
(By/a	director, president or other officer – if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court
appor	inted fiduciary by that fiduciary)
	Alexis Miller
	(Typed or printed name of person signing)
	President
	(Title of person signing)