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COVER LETTER

TO: Amendment Sect Division of Corpo			
NAME OF CORPOR		ou dic.	
DOCUMENT NUME	BER:PO 10	0000 20344	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Ran	Name of Contact Person	
•	_	Name of Contact Person	n
	No,	Name of Contact Person Firm/ Company Rue Dr. Address FL. 330/5	
•		Firm/ Company	
	7621 Hag	nie Dr.	
		Address	, , , , , , , , , , , , , , , , , , ,
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		City/ State and Zip Cod	e
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	Havra 762/6 E-mail address: (to be us	grail com	(Lovercase)
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	ie call: (784) 314-	4172 (14)
HAVRA.	MUNOZ) 898-7393 (2nd)
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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		Street	Address
	ndment Section		lment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			Building executive Center Circle
1 8118	11105366, FL JZJ14	∠001 E	ACCULIVE CEILLET CITCLE

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

ALAMASSE CONTRACTOR OF THE STATE OF THE STAT

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Morenor onc.		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	"Corp," "Inc," or "Co". A profession or the abbreviation "P.A."	al corporation name must co
s. Enter new principal office address, if appli	icable: 7621	Hague Dr.
Principal office address <u>MUST BE A STREET</u>	(ADDRESS) May	Hague Dr.
		3015
	S_{ROX}	me as
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX) SA	me as
		me as about
(Mailing address <u>MAY BE A POST OFFIC</u>	egistered office address in Florida, ent tered office address:	
(Mailing address MAY BE A POST OFFIC . If amending the registered agent and/or renew registered agent and/or the new registered	egistered office address in Florida, ent tered office address:	
(Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered.)	egistered office address in Florida, ent tered office address:	

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> <u>Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add Remove	DV	Mireno-Has, Olevis	14989 SW 157 Pac 141241, Fl. 33196
2) Change Add Remove	DT	Moreno, Ramon Ss. (deceased)	418 265T (INOW City, Nf.
3)ChangeAddRemove	DVP	Horeno, Ramon III	24988 SW 128 Pan Homesteal, F1. 32020
4) Change Add Remove	DI	Mireno, Ramo Jr.	7621 Hague Dr. MIRMI, El. 33015
5) Change Add Remove			
6) Change Add Remove			

n amendment provides for an exchange, reclassification, or cancellation of issued sha ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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NA	
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The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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 of votes cast for the amendment(s) was/were sufficient for approval
by
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder
action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 6-12-2012
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Rance Moreno J. (Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)