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Florida Department of State
Division of Corporations
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Account Name : EMPIRE CORPORATE KIT COMPANY
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

BASIC AMENDMENT

RAFAEL BELLOSO CHACIN INSTITUTE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 29, 2005

RAFAEL BELLOSO CHACIN INSTITUTE, INC.
2979 SW 134 AVE
MIRAMAR, FL 33027SUBJECT: RAFAEL BELLOSO CHACIN INSTITUTE, INC.
REF: P01000055397

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation. The name of a voluntarily dissolved corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document SpecialistFAX Aud. #: H05000181766
Letter Number: 305A00049307

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

H05000181164

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION
OF

RAFAEL BELLOSO CHACIN INSTITUTE, INC.

(Present Name of Corporation)

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TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendments to its articles of incorporation:

FIRST: Amendment(s) adopted: Indicate article number(s) being amended, added or deleted.

ARTICLE 1: PLEASE CHANGE THE NAME OF THE COMPANY TO:

RAFAEL BELLOSO CHACIN UNIVERSITY, INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendments adoption: 07/28/2005

FOURTH: Adoption of Amendment(s) (CHECK ONE)

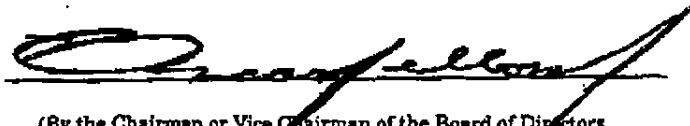
☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

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): A The number of votes cast for the amendment(s) was/were sufficient for approval by
A. (Voting group)

The amendment(s) was/were adopted by board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporator without shareholder action and shareholder action was not required.

SIGNED THIS 28TH DAY OF JULY, 2005 SIGNATURE:


(By the Chairman or Vice Chairman of the Board of Directors,
President, Incorporator, Director, Registered Agent or other officer
if adopted by the shareholders.)

TYPED OR PRINTED NAME: OSCAR BELLOSO MEDINA
TITLE: PRESIDENT

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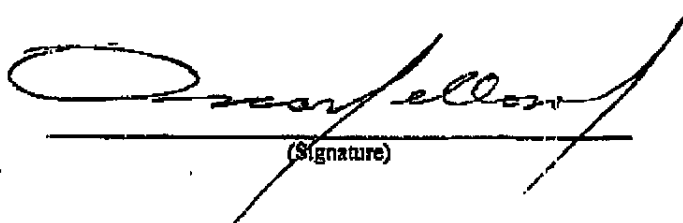
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AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

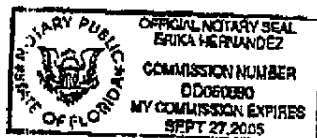
I, Oscar M. Belloso, being first duly sworn, say that I am the President of Rafael Belloso Chacin University, Inc. and further state that:

I have no intention of revoking the dissolution, of Rafael Belloso Chacin University, Inc., therefore I release the name for the use of another entity.


(Signature)

The forgoing instrument was acknowledged before me this 31 day of August, 2005, by _____ who is personally known to me or who has produced Florida ID as identification and who (did) (did not) take an oath.

SEAL/STAMP




(Signature)

My commission expires:

Erika Hernandez
(Notary Public Name - Please Print)

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