P010000 59995

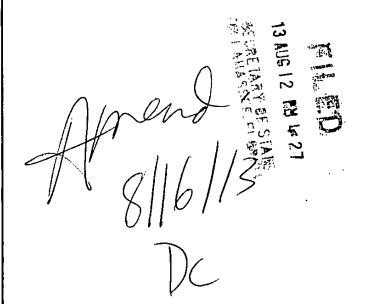
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		!





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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpo	rations				
NAME OF CORPOR	ALAFRAN	HOME, INC			
DOCUMENT NUME	DER: P010000599	995			
The enclosed Articles	of Amendment and fee are sub	bmitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	ANDRES E CA	CERES			
		Name of Contact Person	A comment		
		Firm/ Company			
151 CRANDON BLVD APT 534					
	KEY BISCAYN	Address E. FL 33149			
		City/ State and Zip Code			
AI	CAFU@GMAIL	•			
	_	ed for future annual report r	otification)		
For further information	n concerning this matter, pleas	e call:			
ANDRES I	E CACERES	_{at (} 305	,302-2934		
. Name o	of Contact Person		e & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depar	tment 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

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

ALAFRAN HOME, INC

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

P01000059995

(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: A. If amending name, enter the new name of th	e corporation:			The nev
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp, " "Inc, " or "Co	". A professio		ated" or the abbreviation
B. Enter new principal office address, if application				
(Principal office address <u>MUST BE A STREET A</u>	<u> 4<i>DDRE</i>33</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>' BOX</u>)			
•				
D. If amending the registered agent and/or registered agent and/or the new registered.		s in Florida, en	ter the name	e of the
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			, Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered age.	nt. I am familiar wit	h and accept the	e obligations	of the position.
Signature o	of New Registered Age	ent, 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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	ANDRES E CACERES	151 CRANDON BLVD APT 534
X_{Add}			KEY BISCAYNE, FL 33149
Remove			
2) Change	PRES	ALEJANDRO J CACERES	2280 SW 32 AVE APT 407
Add			MIAMI, FL 33145
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			Address Address
Add			
Remove			
6) Change			
Add ` `	<u></u>		
Remove			

tach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exc	hange reclassification	or cancellation o	fissued shares	
rovisions for implementing the ame	endment if not contain	ed in the amendm	ent itself:	
(if not applicable, indicate N/A)			·	
	-			

The date of each amendment(s) adoption: 8/7/2013	, if other than t
date this document was signed.	
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 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" (voting group)	
(voting group)	
☐ 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 8/8/2013	
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)	
ALEJANDRO J CACERES	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)