## P01000069140

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Amend

12 DEC -3 AM 9: 20

DEC 1 \$ 2012 T. ROBERTS

## **COVER LETTER**

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TO: Amendment Sect Division of Corp			
NAME OF CORPO	RATION: SPERT, IN	С	
DOCUMENT NUM	BER: P0100006914	0	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	ALICIA BENITEZ		4 A. T. C.
	ALICIA BENITEZ	Name of Contact Person	1
	11877 SW 38 TE	Firm/ Company	
		Address	
	MIAMI, FL 33175	City/ State and Zip Code	ο.
ΔΙ	ICPA@BELLSOU		
AL		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ALICIA BEN	ITEZ CPA	at (305	608-4770
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



SPERT, INC.

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P01000069140	,
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	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 agent. I am familiar with a Signature of New Registered Agent.	

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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	MATIAS CANEPA	R. PENA 1059
X			MAR DEL PLATA
Remove			BS AS-ARGENTINA
2) Change	D	ARTURO CANEPA	R. PENA 1059
X Add			MAR DEL PLATA
Remove			BS AS-ARGENTINA
3 ) Change			
Add			
Remove			
4) Change			
Add			·=··
Remove			
5) Change			
Add			
Remove			
6) Change			
<b>A</b> dd			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) h (Be specific)	ere.	
	· · · · ·		<del></del>
		<del></del>	
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If an amendment provides for an exch	ange realessification	or cancellation of issue	d shares.
ii au amenumeni diovides ioi ali exch	ange, reciassification,		
provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, ndment if not containe	d in the amendment its	<u>elf:</u>
provisions for implementing the ame	ange, reclassification,	d in the amendment it	elf:
provisions for implementing the ame	ange, reclassification,	d in the amendment it	<u>elf:</u>
provisions for implementing the ame	ange, reclassification,	d in the amendment it	<u>elf:</u>
provisions for implementing the ame	ange, reclassification, ndment if not containe	d in the amendment it	elf:
provisions for implementing the ame	ange, reclassification,	d in the amendment it	elf:
provisions for implementing the ame	ange, reclassification,	d in the amendment its	elf:

DE : CLINICA PRIVADA de DJDS Nº DE TEL : 02234101510 11 DIC. 2012 10:24 P2

The date of each susuadment	(a) adoution: 11/27/12
Effective date if applicable:	11/27/12
MINESTER COLOR OF SANCE COME.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	a approved by the shareholders through voting groups. The fallowing statement d for each voting group entitled to vate separately on the amendment(s):
	cast for the emendment(s) was/were sufficient for approval
by	(votine group)
The amendment(s) was/wen action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was went action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 11/2	27/12
Signature	Leutesce de
(B)	y a director, president or other <u>officer</u> — If directors or officers have not been court, by an huma parame — If he the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	MARIA LUISA ALBAREDA
	PRESIDENT
	(Title of person signing)