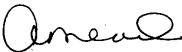
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	CLUB CANABRAVA, CO	RP
DOCUMENT NU	MBER:	ER:P01000079742	
	eles of Amendment and fee a		
Please return all co	orrespondence concerning th	is matter to the following:	
	ŀ	HECTOR ESPITIA	
	7	Name of Contact Person	
		Firm/ Company	
	12453 S ORA	NGE BLOSSOM TRL STE 101	
ı		Address	
	OI	RLANDO, FL 32837	
		City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further informa	ation concerning this matter,	•	
	ECTOR ESPITIA	at (407) 46 Area Code & Daytime Tele	66-5333
Enclosed is a check	k for the following amount r	nade payable to the Florida Depart	ment 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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	- · · e

Articles of Amendment to Articles of Incorporation of

FILED

	NABRAVA, CORP.	
(Name of Corporation as curr	ently filed with the Florida Dept.	of State)
P01	000079742	SECRETARY OF STATE TALLAHASSEE, FLORID
	mber of Corporation (if known)	
ersuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Florida F	rofit Corporation adopts the following
If amending name, enter the new name of	f the corporation:	
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "Inc," or "C	Co". A professional corporation
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
. If amending the registered agent and/or new registered agent and/or the new regi		a, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Florida street address)	
	(Florida street address)	, Florida (Zip Code)

Signature of New Registered Agent, 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)

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u> ,	HECTOR ESPITIA	3190 TOHO CT KISSIMMEE, FL 34744	
			_
			
provisio	mendment provides for an exchange, rons for implementing the amendment tot applicable, indicate N/A)	eclassification, or cancellation o if not contained in the amendme	f issued shares, ent itself:
· · · · · · · · · · · · · · · · · · ·			

The date of each amendmen	t(s) adoption: 12/06/2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_12/0	08/2010
sel	y a director, president of other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	HECTOR ESPITIA
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)