## P02.000050092

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
·	
	╝





800160016718

08/28/09--01010--025- \*\*52.50

Amund

OP AUG 28 PH 3: 13

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:COY	stog, Inc	<del>-</del>
DOCUMENT NUMBER: PO200	0050092	
The enclosed Articles of Amendment and fee are		
Please return all correspondence concerning this	matter to the following:	
PA/ene (Name of	Contact Person)	Z()
Co ns	Oa Inc	
13431 S	W Asth St	
. Mi am (City/ Stat	FL 3317 e and Zip Code)	5
For further information concerning this matter, pl	lease call:	
Osvaldo on Arlene Carria (Name of Contact Person)	at ( 305 ) 236 (Area Code & Daytime	-7399 on 786-715-492 e Telephone Number)
Enclosed is a check for the following amount mad	de payable to the Florida De	partment 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	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

OIVISION OF CORPORATIONS  09 AUG 28 DISCORDERS
09 AUG 28 PM 3: 12

Articles of incorporation	406 2A
of	-0
Constoa, Inc.	
$\underline{}$	
(Name of Corporation as currently filed with the Florida Dept. of	of State)
082000050092	
(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:

ne new name must be distinguishable and contain		
ncorporated" or the abbreviation "Corp.," "Inc.," or Co"A professional corporation name must con esociation," or the abbreviation "P.A."		
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u> .	<u> </u>	
•		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	fice address in Florida, e	orter the name of th
		nter the name of th
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered of		nter the name of th
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent:		nter the name of th

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)

Title		ame	6		Address		_	Type of
VP		Sugl	do Car	BRIGZU	11202	NW	3.2d S	} <b>12</b>
•						<i>w</i> 11, P	K 551	
	- <del>-</del>			<del></del>				
					<del> </del>			🗖 Rer 
								🗖 Add
								<b>\</b> Rer
			<mark>Iditional Arti</mark> (necessary).			ere:		
	he av have h		ment(s) s Th ment (s	<u> </u>		ficle of no	prove	d by cast
	he av have h			<u> </u>		ficle d	oprove ites	d by cast
	he av			<u> </u>		Fiele A	oprove otes	d by cast
F. <u>If a</u>	n amendr	nendrolders	ment(s) Th ment (s)	was/ e num \ was	were ber	or cance	ellation of	issued shar
F. If a	n amendr	nendrolders	ment(s) Thement (s)	was/ e num \ was	were ber	or cance	ellation of	issued shar
F. If a	n amendr	nendrolders	ment(s) Thement (s)	was/ e num \ was	were ber	or cance	ellation of	issued shar
F. <u>If a</u>	n amendr	nendrolders	ment(s) Thement (s)	was/ e num \ was	were ber	or cance	ellation of	issued shar
F. If a	n amendr	nendrolders	ment(s) Thement (s)	was/ e num \ was	were ber	or cance	ellation of	issued shar
F. If a	n amendr	nendrolders	ment(s) Thement (s)	was/ e num \ was	were ber	or cance	ellation of	issued shar
F. <u>If a</u>	n amendr	nendrolders	ment(s) Thement (s)	was/ e num \ was	were ber	or cance	ellation of	issued shar
F. <u>If a</u>	n amendr	nendrolders	ment(s) Thement (s)	was/ e num \ was	were ber	or cance	ellation of	issued sh

The date of each amendment	(s) adoption: 8/24/2009
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	8/24/2009
Signature	Odene Carroso
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	ARlene Carriazo (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Secretary Treasurer (Title of person signing)