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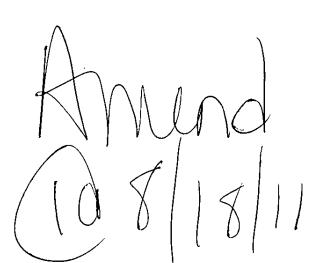


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SECRETARY OF STATE
DIVISION OF CORPORATIONS



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: M; Pueslito Tiensa MEXICAUA INC				
DOCUMENT NUMBER: POZODO 97615				
The enclosed Articles of Correction and				
Please return all correspondence concern	ing this matter to the following:			
(Name of Contact Person)	· · · · · · · · · · · · · · · · · · ·			
Accourt & print . Servi	CES INC			
PO BOX 1130 (Address)	<del></del>			
Dloce, Fr 3476/ (City/State and Zip Code)				
For further information concerning this m	natter, please call:			
F-Rus (Name of Contact Person)	at ( 40) 656-3883 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amo	ount:			
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status			
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy			
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** to **Articles of Incorporation**

THUOA MEX (Document Number of Corporation (if known)

amendment(s) to its Articles of Incorporation	.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folicon:
A. If amending name, enter the new name	ne of the corporation:
abbreviation "Corp.," "Inc.," or Co.," or	The new ain the word "corporation," "company," or "incorporated" or the resignation "Corp," "Inc," or "Co". A professional corporation "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if	
(Principal office address MUST BE A STI	<u>(EET ADDRESS</u> )
	No offi
C. Enter new mailing address, if applica	Able: FICE BOX)  REET ADDRESS  AUG 17  APROPRIEST APPROPRIEST APPR
(Mailing address MAY BE A POST O	FICE BOX)
	<u> </u>
D. If amending the registered agent and/	or registered office address in Florida, enter the name of the
new registered agent and/or the new r	egistered office address:
Name of New Registered Agent:	IBAN LUNA
	2759 PalasTRO Way
New, Registered Office Address:	(Florida street address)
	06026 , Florida 34761
	(City) (Zip Code)
New Registered Agent's Signature, if char	nging Registered Agent:
	ed agent. I am familiar with and accept the obligations of the position.
	J. Sun
·	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 skeets, if necessary)

<u>Title</u>	Name	Address	Type of Action
Dup	ESTHER CENTERAS	520 300 street Ococc, FC 34761	Add Remove
			☐ Add ☐ Remove
E. If amend	ding or adding additional Articles, enter	r change(s) here:	-
(attach ac	dditional sheets, if necessary). (Be spec	rific)	
<del></del>			
		·	
•			
	*		
provisio	nendment provides for an exchange, recons for implementing the amendment if of applicable, indicate N/A)		
<del>-</del>			
<del>-,</del>	:	•	
	<u></u>	<u> </u>	

The date of each amendment	t(s) adoption: 8-1-2011	
Effective date if applicable:	8-1-20 11 (date of adoption is required)	
Effective date if applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for ere sufficient for approval.	or the amendment(s
	re approved by the shareholders through voting groups. The d for each voting group entitled to vote separately on the ar	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	,
by		
•	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder act	ion and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action a	ind shareholder
Dated 8-	15-2011	
Signature 💆	D. Em	
· (By	a director, president or other officer – if directors or officers cted, by an incorporator – if in the hands of a receiver, trusto sinted fiduciary by that fiduciary)	
•	The state of the s	
	Then Luna (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PREsident	
	(Title of person signing)	