## P0300029327

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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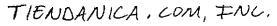
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CO	DBAD A TIAN.	TIENDA	NICA. COM,	INC.
NAME OF CO	PRPORATION;			
DOCUMENT	NUMBER:	P03000C	29327	
The enclosed A	rticles of Amenda	nent and fee are su	ibmitted for filing.	
Please return al	l correspondence	concerning this ma	atter to the following:	
_	Jaimi	e Altami (Name of Co	rau O ntact Person)	
		TUNICA R	CAGUA. COM,	INC.
_	440	H Brickel	Ave. Ste. 55	<del>-7025</del>
_	Mion	ui, Florida (City/State/a	<u>a, 33/3/</u> nd Zip Code)	-
For further info	rmation concernin	ng this matter, plea	se call:	
Jaime	Altamiran Name of Contact Person	VD on)	at (505) 250 (Area Code & Daytim	3930 ne Telephone Number)
Enclosed is a cl	neck for the follow	ring amount:		
\$35 Filing Fee	☐ \$43.75 Fil Certificate	ing Fee & e 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 Corpor P.O. Box 6327 Tallahassee, FL 32	rations	Street Address Amendment Sect Division of Corpo 409 E. Gaines Str Tallahassee, FL 3	orations reet

## Articles of Amendment to Articles of Incorporation of



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

P0300029327	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpola</i> adopts the following amendment(s) to its Articles of Incorporation:	ration -
NEW CORPORATE NAME (if changing):	
TUNICARA GUA, COM, TNC  [Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or ".  A professional corporation must contain the word "chartered", "professional association," or the abbreviation	Co.") n "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Nu and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	mber(s)
Article II: The new place of business and mo	<u>ciling</u>
address of the corporation is 444 Brickell Ave.	,
Ste. 55- 7025 Miani, Florida 33131.	<del></del>
Article III: Ana C Tefel resigns as President.	he
new president is Jaime Altamirano R. with address	
Brickell ave. Ste. 55-7025 Miami, Fl. 33131.	
And the new Treasurer is Fernando Meding with	
address in 444 Brickell Ave. Suite SI-800 Miam' Fl. 3	3/3/
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, properties of implementing the amendment if not contained in the amendment itself: (if not applicable, if	

(continued)

The date of each amendment(s) adoption: Oct. 18 th 2,004
Effective date if applicable: Nov. 1st 2,004.  (no more than 90 days after amendment file date)
(no more than 50 days after amendment me date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
☐ 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.
Signed this 18th day of October . 2,004.
Signature Jaine altanirano.
(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)
Jaime Altamirano R. (Typed or printed name of person signing)
President (Title of person signing)
(Title of person signing)

**FILING FEE: \$35**