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(Req	uestor's Name)	
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COVER LETTER

Division of Corporations	•
NAME OF CORPORATION:	o D. Hadade PA
DOCUMENT NUMBER:	0000 45 134
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Oc Tau Nam	e of Contact Person
Octavio	Firm/ Company
151 Wymon	Address STE. 5250
ALTAMONTE City	SPRINGS, F1 327/4 State and Zip Code
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, ple	ease call:
Octavio Andrade Name of Contact Person	at (<u>407</u>) <u>387-515/</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
□\$35 Filing Fee \$\square \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
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 Articles of Incorporation

	of		A A	74. 75
OCTAVIO	D. A.	VORADO	E. P.A.	4:40
(Name of Corporation as curr	ently filed with	the Florida Dept.	of State)	•
P03 00	700 45	134		
(Document Num	nber of Corporat			
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statu	es, this <i>Florida I</i>	Profit Corporation ado	pts the following
A. If amending name, enter the new name of the second of t	Mele	ndez_		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "C	"orp," "Inc," or " ation " or the abl	'Co". A professional o breviation "P A"	corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	olicable: ET ADDRESS)	151 W	IYMORE R	d. STC. 5250
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			_	+ F1 32714 50
·		AlTamonTo.	e fd. STe.52 Speings, Fl 3271	<u>'Y</u> .
D. If amending the registered agent and/or			da, enter the name of	<u>the</u>
new registered agent and/or the new reg	istered office ad	<u>aress:</u>		
Name of New Registered Agent:		V//H	·	
New Registered Office Address:	(Flor	ida street address)	
			, Florida	
	(City)	ı	(Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered to	ing Registered A agent. I am fam	igent: iliar with and acc	ept the obligations of th	e position.
	Signature of New	Registered Agen	t, 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>	Name	Address	Type of Action
·	<u>M/+</u>		_ □ Add □ Remove
			_ □ Add □ □ Remove
			- □ Add
			Remove
73 FA 11			
	ng or adding additional Articles, enter continuational sheets, if necessary). (Be specific		
AMen	DMENT TO ART	icle I of	Document
Nun	nber', 803000	045134	
Chan	ge of COR FROM: OCTAV	PORaTE Na	me
	FROM: OCTAV.	IO D. HNO	RADE, P. H.
	D: 0170475	MeleNDE	3 PA
1_0	1110 DR 17 DL	MERCIONE	10/10
	ndment provides for an exchange, recla s for implementing the amendment if no		
(if not	applicable, indicate N/A)		
	ment to ART	.~!	
The	Above Corporal	570 / NOS 7,	- E 11/h; h
1,500	shares of	DT : 011	DANE
and	owned By 0 7/6/09 aT	SCIONIO 1710	1) 12 17 W.C.
<u>M</u>	7/6/09 al	3.30 f.m 1 he	C. 11:
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Ala our	as Juan chan	Page 2 of 3	and Carlos d
Mala I	ez owns one	o sharp	
INIE 18 m	ez owns one	G / IU - C -	

The date of each amendment	t(s) adoption:	7	1/6/07 <u> </u>		
	(s) ===F=================================	(date of ac	option is required	7/11/09	
Effective date <u>if applicable</u> :	(no more than	90 days after o	mendment file da		
Adoption of Amendment(s)	(<u>C</u>	HECK ONE)			
The amendment(s) was/we by the shareholders was/we	ere adopted by the	e shareholders r approval.	. The number of v	votes cast for the amen	dment(s)
The amendment(s) was/we must be separately provide	ere approved by ed for each votin	the shareholde	rs through voting ped to vote separate	groups. The following ly on the amendment(s	statemen s):
"The number of votes	cast for the ame	endment(s) was	/were sufficient fo	or approval	
by	(voting group)		,"		
	(voting group)				
The amendment(s) was/we action was not required.	ere adopted by th	ne board of dire	ectors without sha	reholder action and sha	areholder
The amendment(s) was/we action was not required.	ere adopted by th	ne incorporator	s without shareho	lder action and shareho	older
Dated	7/6/	01			
Signature _					
(By		orporator – if i	n the hands of a re	rs or officers have not ceiver, trustee, or othe	
		TAVI	d name of person	DRADE	
,	Τ)	yped or printe	d name of person	signing)	
•		RUS.			
	(Title	of person sign	ing)		