P03000064563

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COVER LETTER

TO: Amendment Section Division of Corporations MICTURBO & INJECTION INC. NAME OF CORPORAT 1903000064563 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MANUAEL NARANJO 4641 E. 10TH AVENUE Address HIALEAH, FL. 33013 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MANUELNA Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

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Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

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Articles of Amendment

to

Articles of Incorporation

MICTURBO & INJECTION INC.

The new name must be distinguishable and contain the word "corporation." "company." or "incorporation name must contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "corporation." "P.A." Enter new principal office address, if applicable: Principal office address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered address: Name of New Registered Agent MANUEL NARANJO 4641 E. 10TH AVE. (Florida street address) New Registered Office Address: HIALEAH (City) (City) (City Code)	(Document Number of Corporation (if	known)
The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation (Corp., "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) 6. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 7. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MANUEL NARANJO 4641 E. 10TH AVE. (Florida street address) New Registered Office Address: HIALEAH (City) (City)	ursuant to the provisions of section 607.1006, Florida Statutes, this \boldsymbol{F} s Articles of Incorporation:	lorida Profit Corporation adopts the following amendment
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp., "Inc.," or Co.," or the designation "Corp., "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) 6. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 7. On the abbreviation "P.A." 8. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered office address in Florida, enter the name of the prew registered agent and/or the new registered office address: Name of New Registered Agent MANUEL NARANJO 4641 E. 10TH AVE. (Florida street address) New Registered Office Address: HIALEAH (City)	. If amending name, enter the new name of the corporation:	
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A641 E. 10TH AVE. (Florida street address) New Registered Office Address: HIALEAH (City), Florida 33013 (Zip Code) New Registered Agent's Signature, if changing Registered Agent:		
(Florida street address) New Registered Office Address: HIALEAH , Florida 33013 (City) (Zip Code) lew Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent MANUEL NARAN	10
New Registered Office Address: HIALEAH , Florida 33013 (City) (Zip Code) Rew Registered Agent's Signature, if changing Registered Agent:	<u> </u>	AVE.
(City) (Zip Code)		00040
lew Registered Agent's Signature, if changing Registered Agent:		
	(31,7)	(Eq. Solly)
neredy accept the appointment as registered agent. I am jamatar with and accept the obligations of the position.		th and accept the philosophics of the position
	петео, песерг те прротитет из гезуметей адет, - 1 ат затина wi	m and accept me obligations of the position.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	n Doc		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
<u>X</u> Add	<u>SV</u> <u>Sall</u>	Sally Smith		
Type of Action (Check One) Change Add	Title P	Name MANUEL NARANJO	Address 4641 E. 10TH AVE. HIALEAH, FL. 33013	
Remove 2) Change Add	<u>P</u>	JOAQUIN CUETO	4641 E. 10TH AVE. HIALEAH, FL. 33013	
X Remove 3) Change Add				
Remove 4) Change Add Remove				
5) Change Add				
Remove 6) Change Add Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	_	
			<u> </u>

		-	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, idment if not containe	or cancellation of issued in the amendment it	ed shares, self:
		``	

09/10/2012

The date of each amendmenting	/PU/2 012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	9/19/12
Signature	XW
	lirector, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
арроп	Manuel Naturnso
	(Typed or printed name of person signing)
	President
	(Title of person signing)