P030000 86891

(R	lequestor's Name)	
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	City/State/Zip/Phone #)	
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PICK-UP	■ WAIT	MAIL
	Business Entity Name)	
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(L	Ocument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: GRUPO AIP, INC				
DOCUMENT NUMBER: P03000086891				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
CARLOS PINA-GRAU				
Name of Contact Person				
GRUPO AIP INC				
Firm/ Company				
5176 NW 74TH MANOR				
Address				
COCONUT CREEK, FL 33073				
City/ State and Zip Code				
carlos.pina@grupoaip.com				
E-mail address: (to be used for future annual report notification	1)			
For further information concerning this matter, please call:				
CARLOS PINA-GRAU at (954) 867-	6583			
Name of Contact Person Area Code & Daytin	me Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status Certified Copy Certific (Additional copy is Certified Copy is	Filing Fee cate of Status ed Copy ional Copy osed)			
Mailing Address Amendment Section Street Address Amendment Section	on			

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

GRUPO AIP INC	
(Name of Corporation as currently filed with the IPO3000086891	lorida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered." "professional association," or the abbreviation	'Co''. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Timequi office dadress MOST DE ASTREET ADDRESS)	COCONUT CREEK,FL 33073
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5176 NW 74TH MANOR
	COCONUT CREEK,FL 33073
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
NI/A	<u>,</u>
Name of New Registered Agent NIA	
NI/A	reet address)
New Registered Office Address: (City)	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New Registered	<u>:</u> with and accept the obligations of the position.

REE HA SI MUEINS

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	PT Johr	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jonés	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	<u>V</u>	PATRICE A HELLER	336 FAIRWAY CIRCLE
Add			WESTON, FL 33326
X Remove			
2) Change	<u>s</u>	PATRICE A HELLER	336 FAIRWAY CIRCLE
Add			WESTON, FL 33326
X Remove			
3) Change			
Add	,		
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
N/A	•
	•
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. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	TOUADED OF THE CORPORATION
	E SHARES OF THE CORPORATION.
FROM THIS MOMENT TI	HE 100% OF THE SHARES WILL BE
JNDER THE NAME OF C	CARLOS PINA-GRALI
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· ·	

The date of each amendment	(s) adoption: UD/ 18/2013	
Effective date if applicable:	06/18/2013	
	(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	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 06/	18/2013	
Signature		
(B	ly a director, president or other refer – it directors or officers have not been elected, by an incorporator – if it the hands of a receiver, trustee, or other court	
	opointed fiduciary by that fiduciary)	
	CARLOS PINA-GRAU	
(Typed or printed name of person signing)		
	PRESIDENT	
	(Title of person signing)	