## 103000121529

(Requestor's Name)		
(Ac	ldress)	
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION:CTA	CONSVINING COMP.
DOCUMENT NUMBER:   γ  γ  γ  γ  γ  γ  γ  γ  γ  γ  γ  γ  γ	ppy 121529
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
RUBINO	VPUA
(Name of C	Contact Person)
CTP (A)	JSV/5TINK COMP
(Firm/	Company)
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miami	# 33146 and Zip Code)
(City/ State	e and Zip Code)
For further information concerning this matter, ple	ease call:
B a 12 a	701 010 010
RUBBIN VILA	at ( 786 ) 268-0900 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate 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 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 CONSUMING WI (Name of corporation as currently filed with the Florida Dept. of State) P Ø 7600 / 21529 ocument number of corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: **NEW CORPORATE NAME (if changing):** (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) Onia RODRIGVER ממלא OSUPLOO VIGA PDDress -(Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

SHONES OWNED- 100%

8/11/00
The date of each amendment(s) adoption:
Effective date if applicable: 8/16/06
(no more than 90 days after amendment file 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.
Signature  (By a director, president of orige officers 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)
OSVALOS VILA
(Typed or printed name of person signing)
Ro A
yares
(Title of person signing)

FILING FEE: \$35