# P0400056965

| (Requestor's Name)                      |   |
|-----------------------------------------|---|
|                                         |   |
| (Address)                               |   |
|                                         |   |
| (Address)                               |   |
|                                         |   |
| (City/State/Zip/Phone #)                |   |
|                                         |   |
| PICK-UP WAIT MAIL                       |   |
|                                         |   |
| (Business Entity Name)                  |   |
| (Susmess Entry Name)                    |   |
| (Document Number)                       |   |
| (Document Number)                       |   |
|                                         |   |
| Certified Copies Certificates of Status |   |
|                                         |   |
| Special Instructions to Filing Officer: | ļ |
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Office Use Only



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2011 MAY -6 PM 1: 08
SECRETARY OF STATE

Amend.

TBrown 5-16-11

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF COR              | PORATION:                                    | CY ROJAS, INC                                                    |                                                                                         |  |  |
|--------------------------|----------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|--|
| DOCUMENT N               | UMBER:                                       | P04000056965                                                     |                                                                                         |  |  |
| The enclosed Arti        | cles of Amendment and fee a                  | are submitted for filing.                                        |                                                                                         |  |  |
| Please return all c      | orrespondence concerning th                  | is matter to the following:                                      |                                                                                         |  |  |
|                          |                                              | CARLOS ROJAS                                                     |                                                                                         |  |  |
|                          | N                                            | lame of Contact Person                                           |                                                                                         |  |  |
|                          |                                              | CY ROJAS INC                                                     |                                                                                         |  |  |
|                          |                                              | Firm/ Company                                                    |                                                                                         |  |  |
| 315 SW 121 AVENUE        |                                              |                                                                  |                                                                                         |  |  |
| Address .                |                                              |                                                                  |                                                                                         |  |  |
|                          |                                              |                                                                  |                                                                                         |  |  |
| MIAMI, FL 33184          |                                              |                                                                  |                                                                                         |  |  |
|                          | C                                            | ity/ State and Zip Code                                          |                                                                                         |  |  |
|                          | E-mail address: (to be use                   | d for future annual report notification)                         |                                                                                         |  |  |
| For further inform       | ation concerning this matter,                | please call:                                                     |                                                                                         |  |  |
| C                        | ARLOS ROJAS                                  | at ( 305 ) 25                                                    | 6-1592                                                                                  |  |  |
| Name                     | e of Contact Person                          | Area Code & Daytime Telep                                        | phone Number                                                                            |  |  |
| Enclosed is a chec       | k for the following amount n                 | nade payable to the Florida Departr                              | nent of State:                                                                          |  |  |
| □\$35 Filing Fee         | 2 \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing A                | ddress                                       | Street Address                                                   |                                                                                         |  |  |
| Amendment Section        |                                              | Amendment Section                                                |                                                                                         |  |  |
| Division of Corporations |                                              | Division of Corporations                                         |                                                                                         |  |  |
| P.O. Box 6               |                                              | Clifton Building                                                 |                                                                                         |  |  |
| Tallahassee, FL 32314    |                                              | 2661 Executive Center Circle                                     |                                                                                         |  |  |

Tallahassee, FL 32301

#### **Articles of Amendment** to

## TAIL SECRET OF SEC. F. S. PAT. OF SEC. F. S. PAT. OF SWIT **Articles of Incorporation** of CY ROJAS INC. (Name of Corporation as currently filed with the Florida Dept. of State)

| 45×05                                   | ,                               |                                                  |                                                          | (I talled )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|-----------------------------------------|---------------------------------|--------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| · ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |                                 |                                                  | 4000056965                                               | PO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| RI                                      |                                 | on (if known)                                    | umber of Corporati                                       | (Document N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| ots the foll                            | da Profit Corporation adop      | es, this <i>Florida I</i>                        |                                                          | suant to the provisions of section 607.10 andment(s) to its Articles of Incorporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                         |                                 | <u>ı:</u>                                        | of the corporation                                       | If amending name, enter the new name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| The new                                 |                                 |                                                  | T APPLICABLE                                             | NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| d" or the<br>prporation                 | or "Co". A professional co      | orp," "Inc," or "                                | he designation "Co                                       | e must be distinguishable and contain<br>reviation "Corp.," "Inc.," or Co.," or t<br>e must contain the word "chartered," "p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| -                                       |                                 | SAME                                             |                                                          | Enter new principal office address, if a<br>ncipal office address <u>MUST BE A STRE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                         |                                 | SAME                                             |                                                          | Enter new mailing address, if applicab<br>(Mailing address <u>MAY BE A POST OF)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <u>ıe</u>                               | orida, enter the name of th     |                                                  |                                                          | If amending the registered agent and/onew registered agent and/or the new re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|                                         |                                 |                                                  |                                                          | Name of New Registered Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                         | ess)                            | da street address)                               | (Florid                                                  | New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                         | , Florida                       |                                                  |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                         | (Zip Code)                      |                                                  | (City)                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| position.                               | accept the obligations of the   |                                                  |                                                          | Registered Agent's Signature, if change by accept the appointment as registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                         | ess)<br>, Florida<br>(Zip Code) | address in Floric<br>ress:<br>da street address) | r registered office gistered office add  (Florid (City)) | Mailing address MAY BE A POST OF MAY BE |  |

### 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: (Attitch additional sheets, if necessary)

Name Address **Type of Action** <u>Title</u> TRE ALBERTO LAVILLACAMPO 315 SW 121 AVENUE ✓ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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) **CARLOS ROJAS** 80% STOCK HOLDER JUSTO RODRIGUEZ 10% STOCK HOLDER ALBERTO LAVILLA CAMPO 10% STOCK HOLDER

| The date of each amendmen                          | t(s) adoption: MAY 2, 2011                                                                                                                                   |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> :              | MAY 2, 2011 (date of adoption is required)                                                                                                                   |
|                                                    | (no more than 90 days after amendment file date)                                                                                                             |
| . 44                                               |                                                                                                                                                              |
| Adoption of Amendment(s)                           | (CHECK ONE)                                                                                                                                                  |
|                                                    | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.                                                  |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement ed 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)                                                                                                                                               |
| action was not required.                           | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder |
| action was not required.                           | ste adopted by the incorporators without shareholder action and shareholder                                                                                  |
| Dated                                              | 4/30/11                                                                                                                                                      |
| Signature _                                        | er gill                                                                                                                                                      |
|                                                    | a director, president or other officer – if directors or officers have not been                                                                              |
|                                                    | ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)                                      |
|                                                    | CARLOS ROJAS                                                                                                                                                 |
|                                                    | (Typed or printed name of person signing)                                                                                                                    |
|                                                    | PRESIDENT                                                                                                                                                    |
|                                                    | (Title of person signing)                                                                                                                                    |