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| · (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2/16/09

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

| Division of Corporations | | | | | |
|--|--|--|--|--|--|
| NAME OF CORPORATION: Name of Corporation | Villa Investments Corp. | | | | |
| DOCUMENT NUMBER: | · | | | | |
| The enclosed Articles of Amendment and fee an | re submitted for filing. | | | | |
| Please return all correspondence concerning this | s matter to the following: | | | | |
| Gilberto Vi | llanueva: | | | | |
| (Name o | of Contact Person) | | | | |
| | vestments Corp. | | | | |
| (Fir | m/ Company) | | | | |
| 13550 SW | 39 LN (Address) | | | | |
| Miami F | 33175 (ate and Zip Code) | | | | |
| (City) Si | ate and Zip Code) | | | | |
| For further information concerning this matter, | please call: | | | | |
| Gilberto Villanueva (Name of Contact Person) | at (<u>786</u>) <u>298-6168</u> (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount m | | | | | |
| \$35 Filing Fee \$Certificate of Status | \$43.75 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 | Street Address Amendment Section | | | | |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



New Villa Investments Corp.

ame of Corporation as currently filed with the Florida Dept. of State AHASSEE, FLORIDA

(Document 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:

| Α. | Ιf | amend | ling | name, | enter | the | new | name | of | the | cor | porat | <u>tion:</u> |
|----|----|-------|------|-------|-------|-----|-----|------|----|-----|-----|-------|--------------|
| | _ | | | | | | | | | | | | |

| The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "In "Co". A professional corporation name massociation," or the abbreviation "P.A." | c.," or Co.," or the designation | "Corp," "Inc," or |
|--|----------------------------------|----------------------|
| B. Enter new principal office address, if applica | ble: | |
| (Principal office address MUST BE A STREET A | | |
| | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | ROX) | , |
| (Muning numess MAT BLATOST GITTED | | |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or registered agent and/or the new register | | nter the name of the |
| new registered agent and/or the new register | ed office addition | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | (Florida street address) | |
| | | , Florida |
| · — | (City) | (Zip Code) |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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> <u>Name</u> | Address | Type of Action |
|--|--|----------------------------------|
| S Marcelina Santia | 290 13550 SW 39 LN Miami, F1 33175 | Add Add Remove |
| • | | |
| | | Add Remove |
| | | Q Add |
| | | Remove |
| | | |
| E. If amending or adding additional A (attach additional sheets, if necessar) | | |
| | | |
| | | <u> </u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u> </u> | | |
| F. If an amendment provides for an provisions for implementing the a (if not applicable, indicate N/A) | exchange, reclassification, or cancellation of mendment if not contained in the amendment. | of issued shares, ent itself: |
| Marcelina Sa. | ntingo transfers her de | 50 shores |
| to Gilberto Villa | ntings transfers her den nueva (Resident) at per va | lve |
| | | <u> </u> |
| | | |
| | | |
| | | |
| <u> </u> | Page 2 of 3 | |

| The date of each amendment(s | a) adoption: 2/5/09 |
|---|---|
| Effective date if applicable: | 2/5/09 |
| | (no more than 90 days after amendment file date) |
| • • • • | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval. |
| | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval |
| by | |
| (| voting group) |
| The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated | 2/8/09 |
| Signature | Liff the |
| (By a selec | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| | Cilbert Villanuis |
| | (Typed or printed name of person signing) |
| | (Title of person signing) |
| | (a. k |