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Amend

SECRETARY OF STATE OF CORPORATIONS
DIVISION OF CORPORATIONS
09 FEB 13 PM 1: \$2

COVER LETTER

3

TO:	Amendment Section Division of Corporation	ons				
SUBJ	ECT:		Victor, Ir	ic.		
		(Name o	f Corporation)			
DOC	UMENT NUMBER:_	P04000	100033	<u>.</u>		
The e	nclosed Amendment and	d fee are submit	ted for filing.			
Please	return all corresponder	nce concerning t	this matter to	the followin	g:	
	Rita M.					
	(Name of Co	ntact Person)	•			
	N/A					
	(Firm/C	Company)				
	4693 West F	Flagler Stre	eet			
	(Ad	dress)				
		orida 33134 and Zip Code)	4	_ -		
For fu	orther information conce	•	er, please call:			
Rita M. Benet			at (305	567-0	610	none Number)
	(Name of Contact Per	son)	(Area Code	e & Daytime	Teleph	one Number)
Enclo	sed is a check for the fo	ollowing amoun	t:			
	\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Ll Certif (Addi	5 Filing Fee & fied Copy tional copy is losed)		\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amen Divis P.O. I	ng Address: Idment Section Idment Corporations Box 6327 Inassee, FL 32314		Street Addre Amendment S Division of C Clifton Build 2661 Executi Tallahassee, I	Section orporations ing ve Center C	ircle	

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 FEB 13 PM 1: 52

Victor & Victor		
(Name of Corporation as currently filed with	the Florida Dept. of St	ate)
P04000100033		
(Document Number of Corpora	tion (if known)	-
rsuant to the provisions of section 607.1006, Florida Statu lowing amendment(s) to its Articles of Incorporation:	utes, this Florida Profit	* Corporation adopts t
If amending name, enter the new name of the corporation	on:	
N/A		
e new name must be distinguishable and contain the ncorporated" or the abbreviation "Corp.," "Inc.," or Co Co". A professional corporation name must contains sociation," or the abbreviation "P.A."	.," or the designation	"Corp," "Inc," or
Enter new principal office address, if applicable:	4800 West Flagler St	reet
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	Miami Elerida 22124	
	Miami, Florida 33134	<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4800 West Flagler Stre	eet
	Miami, Florida 33134	
·		
If amending the registered agent and/or registered office new registered agent and/or the new registered office ac Name of New Registered Agent:		iter the name of the
New Registered Office Address: (Flo	(Florida street address)	
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered	A gent:	
nereby accept the appointment as registered agent. I an sition.	familiar with and acco	ept the obligations of
Signature of Mar	w Registered Agent if ch	anaina

The date of each amendment(s) adoption: 02/05/2009
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	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)
(1	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	
Signature	Clara back
select	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)
	LUIS ABAD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)