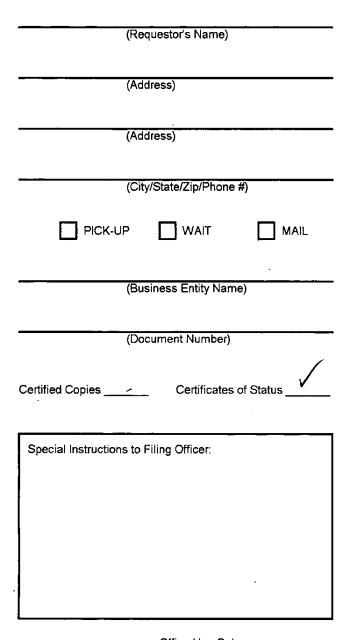
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION 12. SEP 17 PM 2: 4.1

Amend

SEP 2 0 2012

T. BROWN

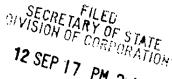
COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: AUAYA Pealty, THE.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person AUAYA Really INC
Firm/Company Deive, 239 Address
Double 1 33330 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further-information concerning this matter, please call: Sworch 19 m1 C/O at (954) 416-1755
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment



	Articles of Incorpora	ation	OF COST STATE
1 . 0 11	of		12 SEP 17 PM 2:41
HUAYA Kech	INC.		PM 2
(Name of Corporation as currently	filed with the Florida	Dept. of State)	
\mathcal{D}_{ℓ}	MANAIX	2 157)	
(Document Number	of Corporation (if know	<u> </u>	
(======================================	(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	,	
ursuant to the provisions of section 607.1006, Flor Articles of Incorporation:	ida Statutes, this Florida	a Profit Corporation add	opts the following amendment(s)
. If amending name, enter the new name of the	corporation:		
and much be distinguishable and austria the		27 44.2	The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co. ord "chartered," "professional association," or th	rp," "Inc," or "Co".		
Enter new principal office address, if applical	ble:		
rincipal office address <u>MUST BE A STREET AI</u>	DDRESS)		
	-		· · · · · · · · · · · · · · · · · · ·
.	_		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	ROX)		
WALLES WALLES WALL BEAT TOOL OF THE E	<u></u>		
	-		
	_		
	-		
. If amending the registered agent and/or regis		Florida, enter the name	e of the
new registered agent and/or the new registere	ed office address:		
Name of New Registered Agent			
	(Florida street addı	ress)	
N- P- 100 - 111		E1	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
	(0.0)		1-h 20m0)
ew Registered Agent's Signature, if changing R	Paristared Ament.		
hereby accept the appointment as registered agent		d accept the obligations	of the position.
, , , , , , , , , , , , , , , , , , , ,		1	2

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)

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.

Example: XChange	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PT	ISHGE GUZMEN	9530 Aflantic ST
Add			MIPAMON 193302
Remove		α	
2) Change	PT	Lisete Apricio	4351 SW 134900
Add		\bigcap	1001 pg 33350
Remove 3) Change	\sqrt{I}	Gercelo Parmero	1281 SW 134ALP
Add	-1		Davie 1 33330
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary).	(Be specific)			
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	rovides for an excl	hange reclassific	estion or concella	tion of issued sk	grec
an amendment n	lomonting the eme	endment if not co	ntained in the an	endment itself:	
<u>provisions for imp</u>	nementing the ame				
<u>provisions for imp</u>	ble, indicate N/A)				
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<u>provisions for imp</u>	ble, indicate N/A)				
<u>provisions for imp</u>	ble, indicate N/A)				
f an amendment pprovisions for important (if not applicated)	ble, indicate N/A)				

The date of each amendment(s) ad	option:
Effective date <u>if applicable</u> :	8-30-20 8 8-30-20 8
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated 9	112/2012
Signature	Jour abuso
	rector, president or other officer – if directors or officers have not been
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Lisette Patricio
	(Typed or printed name of person signing)
_	Project -
	(Title of person signing)