

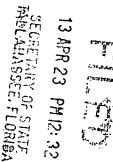
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;

Office Use Only



800247019408

04/23/13--01013--017 **35.00



Anthony 200

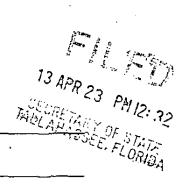
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CC	DLENVIA 2 INC
	00002629
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
OSCAR	LUJAN
	Name of Contact Person
COLEN	/IA 2 INC
	Firm/ Company
1161 E A	LTAMONTE DR
	Address
ALTAMO	NTE SPRINGS FL 32701
-	City/ State and Zip Code
E-mail add	lress: (to be used for future annual report notification)
For further information concerning thi	s matter, please call:
OSCAR LUJAN	
Name of Contact Perso	ar (407) 9148064
Name of Confact Perso	n Area Code & Daytime Telephone Number
Enclosed is a check for the following a	amount made payable to the Florida Department of State:
	illing Fee & S43.75 Filling Fee & S52.50 Filling Fee te of Status
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions Division of Corporations Clifton Building

200

Articles of Amendment Articles of Incorporation



COLENVIA 2 INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000002629

dnient(s) to

its Articles of Incorporation:			
. If amending name, enter the new no	ame of the corporation:		
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the co". A professional corporation name must A."	
. Enter new principal office address.	if applicable:	1161 E ALTAMONTE DR	
Principal office address <u>MUST BE A S</u>		ALTAMONTE SPRINGS	
		FL 32701	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1161 E ALTAMONTE DR	
•		ALTAMONTE SPRINGS	
		FL 32701	
. If amending the registered agent an		s in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	OSCAR LUJAN		
	1058 BERKELE	/ DR	
	(Florida stree		
New Registered Office Address:	KISSIMMEE	, Florida 34744	
	(City)	(Zip Code)	

Page 1 of 4

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 = Sacretary; 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: X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	CASTANO VLADIMIR	1161 E ALTAMONTE DR
Add	***		ALTAMONTE SPRINGS
X Remove			FL 32701
2) Change	VP	AGUDELO CLAUDIA	1161 E ALTAMONTE DR
Add			ALTAMONTE SPRINGS
X			FL 32701
3) Change	P	OSCAR LUJAN	1161 E ALTAMONTE DR
X			ALTAMONTE SPRINGS
Remove		·	FL 32701
4) Change		· .	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Art sheets, if necessary).	(Be specific)			
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
	•	•			
				 	<u> </u>
~					
	·	····			···
				,	
				 	 .
					
					
					
on amendment i	provides for an excl	nange reclassifics	tion or cancella:	tion of issued sha	Pec
rovisi <u>ons for im</u>	plementing the ame	ndment if not con	tained in the am	endrocnt itself:	(13)
(if not applica	ible, indicate N/A)				
					
.——					
 				<u> </u>	
		<u>,</u>			

The date of each amendment(s) adoption: <u>U4/15/2013</u>		
	04/15/2013		
(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 of	cast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(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_ 4	-19-13-		
Signature	a director, president or other officer – if directors or officers have not been		
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
,,	OSCAR LUJAN		
	(Typed or printed name of person signing)		
	PRESIDENT		
•	(Title of person signing)		