## P05000059690

(Re	equestor's Name)	
(Ac	idress) .	<u></u>
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<del>; #)</del>
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE

FEB 08 2012 T. ROBERTS

## **COVER LETTER**

**TO:** Amendment Section

Tallahassee, FL 32314

Division of C	Corporations		•
NAME OF COR	poration: <u>F/OR/</u>	M StatE GROW	P DEVE/OPERSING.
DOCUMENT N	umber: P050	00059690	······································
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:	:
	6n=co	BEN1/EZ Name of Contact Person	<u> </u>
		Firm/ Company	
	_1785 NE	37 16 PC	
		1 1000	
	HONESTED	P/ 330	33
	C	ity/ State and Zip Code	
	_	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
GREW E	En / EL	at (716 ) 972-c	ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State
■ \$35 Filing Fee	\$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 Amendmen Division of P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

nf

me must be distinguishable and contain the breviation "Corp.," "Inc.," or Co.," or the de must contain the word "chartered," "profes.	word "corporation," esignation "Corp," "Inc	"company." or "incorporated" or the
	ssional association," or	c," or "Co". A professional corporation
Enter new principal office address, if application	able:	
rincipal office address <u>MUST BE A STREET A</u>		,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		CREATING ST.
If amending the registered agent and/or reginew registered agent and/or the new registered  Name of New Registered Agent:		n Florida, enter the name of the
new registered agent and/or the new register		
new registered agent and/or the new register  Name of New Registered Agent:	red office address;	

## It amending the Unicers and/or Directors, enter the title and name of each officer peling removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
V <u>ICE PRÉ</u> SIDEA	NAME 1 MAURO MARTINEZ	HOMESTERD FI 33033	Add Remove
<u> </u>			Add Remove
			Add Remove
	g or adding additional Articles, enter of ional sheets, if necessary). (Be specifically additional formula of the specifical of the specif		
provisions	dment provides for an exchange, recla for implementing the amendment if n applicable, indicate N/A)		
	N/A		

i ne gate of each amenoment	(s) adoption: 10-1-20//
• • • •	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.
	re approved by the shareholders through voting groups. The following stateme d 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)
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholde
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	123/2011
Signature	
	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
	pinted fiduciary by that fiduciary)
	later BENGEZ
	(Typed or printed name of person signing)
	PRESIDENT.
	(Title of person signing)