P050000 11220

(Re	questor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filina Officer:	
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SECRETARY OF STA

OF 18 91 AC

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COVER LETTER

Division of Corporations		
NAME OF CORPORATION: 9/EZQY	n coeporation	
DOCUMENT NUMBER: P05000	71220	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Mame of C	A GONZALEZ ONTACT Person	
alezan co	DRPORATION	
Firm/ (Company	
20525 Sui	82CT	
Ad	dress	
- MIAHI FL	_ 33189	
City/ State	and Zip Code	
E-mail address: (to be used for futu	re annual report notification)	
For further information concerning this matter, please of	eall:	
Mame of Contact Person at	(786) 277-3758 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made pay	able to the Florida Department of State:	
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
	reet Address	
	Amendment Section Division of Corporations	
•	Clifton Building	
	2661 Evecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

anone Name of New Registered Agent:

105and MIAMIFL

New Registered Office Address:

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.

W Registered Agent, if changing EXP 1-21-2011

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)

Title _/	Name	<u>Address</u>	Type of Action
destoen ka	Name LIOSE Hanono	18624 SWIDS AVE HITAHI FL 33157	Add Remove
President	Elias Hanono	20525 SW 82ct	Add Remove
Sac.	ANA LIUSA GONTAKEZ	20525 SW 82C/ minus fla 33189	Add Remove
	g or adding additional Articles, enter of tional sheets, if necessary). (Be specificational sheets)		
		NA	

		7.	
F. <u>If an amer</u>	ndment provides for an exchange, recla	assification, or cancellation of iss	ued shares,
	for implementing the amendment if napplicable, indicate N/A)	ot contained in the amendment i	tself:
	NA		
	7 0		

The date of each amendment(s) a	doption: 10-1-2009
	doption: $\frac{10-1-2009}{(date of adoption is required)}$
Effective date if applicable: (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved 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 t	for the amendment(s) was/were sufficient for approval
by	ing group) "
(voti	ing group)
action was not required. The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	10-1-2009 Jelin
(By a dir selected,	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
_	Mes Sec. V.P. (Title of person signing)