## P05000105314

(Re	equestor's Name)	······································
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	· ·		
NAME OF CORPORATION:	El Paso Advisors Corp		
DOCUMENT NUMBER:	P05000105366		
The enclosed Articles of Amendmen	nt and fee are submitted for filing.		
Please return all correspondence con	cerning this matter to the following:		
	Name of Contact Person		
<u> </u>	A Paso Advisors Firm/Company		
701	Brickell Are 1740		
νí	Mani FL 33/31		
<u> </u>	City/ State and Zip Code  ce @ straat investments. com  ess: (to be used for future annual report notification)		
For further information concerning to Joice Boet	this matter, please call:		
Name of Contact Person	at (305) 372 0075  Area Code & Daytime Telephone Number		
Enclosed is a check for the followin	g amount made payable to the Florida Department of State:		
\$35 Filing Fee \$43.75 Filing Certificate of			
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
	acc. Miranicia Chical Citala		

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

EI Paso Ao	luisors (	onp.	9
(Name of Corporation as currer		la Dept. of State)	بر
P05000	0105366	5	•
(Document Numb	ber of Corporation (if known	own)	
ursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	Florida Profit Corporatio	n adopts the followin
. If amending name, enter the new name of	the corporation:	- '	The new
ame must be distinguishable and contain th bbreviation "Corp.," "Inc.," or Co.," or the c ame must contain the word "chartered," "profe	designation "Corp," "In	c," or "Co". A' professi	porated" or the
3. Enter new principal office address, if appli Principal office address <u>MUST BE A STREE</u> T		N/A	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		N/A	·
D. If amending the registered agent and/or renew registered agent and/or the new registered		in Florida, enter the nan	ne of the
Name of New Registered Agent:	N/+		
New Registered Office Address:	(Florida street	address)	
·		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changin	g Registered Agent:		
hereby accept the appointment as registered as		and accept the obligation	s of the position.
	ignature of New Penister	ad Agant if ahayaiya	

## 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)

<u>Title</u>	Name	Address	Type of Actio
D	Paula Echavama	701 Brickell An ste 860 Miami FL 331	∠ ⊠ Add □ Remove
<del></del>			Add Remove
	ding or adding additional Articles, enter		i .
	-		
			,
provis	mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		
			. !

The date of each amendment	
Effective date if applicable:	(date of adoption is required)
Effective date in applicable.	(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(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	7/07/10
Signature (By	a director, president or other officer – if directors or officers have not been
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Rejoice Boetins (Typed or printed name of person signing)
	Secretary