P05000112163

Florida Department of State
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Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
COMPLEX SERVICES INTERNATIONAL INC.

Certificate of Status	0
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Amend
@ 8/10/11

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(5)

Articles of Amendment
to
Articles of Incorporation
of

COMPLEX SERVICES INTERNATIONAL INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P05000112163
(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:**

_____ *The new 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**)*

2655 S LEJEUNE RD STE 500
CORAL GABLES, FL 33134

C. **Enter new mailing address, if applicable:**
*(Mailing address **MAY BE A POST OFFICE BOX**)*

2655 S LEJEUNE RD STE 500
CORAL GABLES, FL 33134

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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:**

Name of New Registered Agent: FIORELLA RUIZ

New Registered Office Address: 2655 S LEJEUNE RD STE 500
(Florida street address)

CORAL GABLES, Florida 33134
(City) *(Zip Code)*

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.

_____
Signature of New Registered Agent, if changing

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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	Address	Type of Action
P	MIGUEL QUINE	16020 SOUTH POST RD WESTON, FL 33331	☐ Add ☑ Remove
DTS	BLANCA ARGOTE	16020 SOUTH POST RD WESTON, FL 33331	☐ Add ☑ Remove
D	MIGUEL F QUINE JR	16020 SOUTH POST RD WESTON, FL 33331	☐ Add ☑ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

TITLE	NAME	ADDRESS	TYPE OF ACTION
P	Fiorella Ruiz	2655 S Lejeune Rd #500 Coral gables, FL 33134	ADD

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The date of each amendment(s) adoption: AUGUST 9TH, 2011
(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 adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated AUGUST 9TH, 2011

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MIGUEL QUINE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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