Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

.(((H130000514613)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	·

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CASA BRICKELL CORP.

Certificate of Status	0
Certified Copy	0
Page Count	95
Estimated Charge	\$35.00

MAR 6 2013

T. LEWIS

Electronic Filing Menu

Corporate Filing Menu

Help

/203		2:20PM	į	!			No. G	13077 7. 4
Mar.	5. 2013			i	_			
			•	H1300	00514	61	2012	· .
	Po Po			Articles of Ar			2	MAR 5
			:	to			MY CA	MAR -5 AM
		, C	. 1	Articles of Inco	orporation		CAH	ASSEZOF
	Caso	X DY	10/Le	11 Coi	$\mathcal{C}\mathcal{O}$ .			ETARY OF STASSEE, FLO
	(Name	c of Corporat	ion as current	ly filed with the F	lorida Dept. of S	tote)	<u> </u>	<b>-</b>
	1	$005 \alpha$	20141	101				
		(Doc	cument Numbe	r of Corporation (if	known)	<del></del>		~
Pursua	ant to the provi	sions of section	1 607.1006, Fk	i orida Statutes, this <i>I</i>	Florida Profit Co	ernoration adol	ets the followin	ig amendment(x)
ts Art	cles of Incorp	oration:			, , , , , , , , , , , , , , , , , , ,			<b>P</b>
A. <u>If</u> :	amendipe pan	ne, <u>enter the n</u>	ew name of th	e corporation:				
								<b></b>
name	must be distir	nguishable and	t contain the	word "corporation	," "company,"	or "incorpora	ted" or the o	_The new bbreviation
"Corp	" "Inc.," or	Co.," or the a	tesignation "C	orp," "Inc." or "( the abbreviation "I	Co". A professi	onal corporation	on name musi	contain the
	1	•	:		r, <i>a</i> .			
B. <u>En</u> (Peiro	ter new princi	ipal off ice add tress <u>MUST B</u> 1	ress, if applie	able:				-
4 / NIL	April office men	A STATE OF DE	TADLETT !	DURELL)				
	1		;	i				
			:	! ! !				
	_		; ; ;					_
C. <u>E</u>	nter new mail failing address	ing address, if MAYBEAP	applicable: OST OFFICE	BOX)				-
C. <u>E</u> (M	uter new mail failing address	ing address, if s <u>MAY BE A P</u>	applicable: OST OFFICE					- -
C. <u>E.</u> (M	uter new mail Spiling address	ing address, if SMAY BE A P	applicable <u>:</u> OST OFFICE	<b>BOX</b> )				- - -
C. <u>E.</u> (M	nter pew mail Sailing address	ing address, if S <u>MAY BE</u> A P	<u>applicable:</u> OST OFPICE					- - -
(7): D. <u>If</u>	failing address	MAY BE A P	OST OFFICE	हारत. istered office addr	ess ju Florida, e	nter the na me	of the	- - -
(7): D. <u>If</u>	failing address	MAY BE A P	OST OFFICE	WEST.	ess ju Florida, e	nter the na me	of the	- - -
(7): D. <u>If</u>	failing address somending the	MAY BE A P	OST OFFICE est and/or rez te new registe	हारत. istered office addr	ess ju Florida, e	nter the na me	of the	- - -
(7): D. <u>If</u>	failing address somending the	MAY BE A Portion of the second	OST OFFICE est and/or rez te new registe	stered office addr red office address:	ess in Florida, e	nter the na me	of the	-
(7): D. <u>If</u>	failing address somending the	MAY BE A Portion of the second	OST OFFICE est and/or rez te new registe	हारत. istered office addr	ess in Florida, e	nter the na me	of the	- -
(7): D. <u>If</u>	failing address someoding the we registered a	MAY BE A Portion of the second	ost office at and/or rez te new registe gent	istered office addr red office address: (Florida stra	ess in Florida, e	nter the na me		-
(7): D. <u>If</u>	failing address someoding the we registered a	registered age	ost office at and/or rez te new registe gent	stered office addr red office address:	ess in Florida, e		of the	-
(7): D. <u>If</u>	failing address someoding the we registered a	registered age	ost office at and/or rez te new registe gent	istered office addr red office address: (Florida stra	ess in Florida, e			-
(A:	smending the ew registered a Name of Ne	registered age registered age registered A w Registered A cred Office Add	ent and/or realiste pent	stered office address:  (Florida stre  (City)	ess in Florida, e	Florida	(Zip Code)	-
(A:	smending the ew registered a Name of Ne	registered age registered age registered A w Registered A cred Office Add	ent and/or realiste pent	istered office addr red office address: (Florida stra	ess in Florida, e	Florida	(Zip Code)	-
(A:	smending the ew registered a Name of Ne	registered age registered age registered A w Registered A cred Office Add	ent and/or reacte new registe	stered office address:  (Florida stre  (City)  Begistered Agent:	ess in Florida, e	, Florida es obl:gations d	(Zip Code)	-
(A:	smending the ew registered a Name of Ne	registered age registered age registered A w Registered A cred Office Add	ent and/or reacte new registe	stered office address:  (Florida stre  (City)	ess in Florida, e	, Florida es obl:gations d	(Zip Code)	-
(A:	smending the ew registered a Name of Ne	registered age registered age registered A w Registered A cred Office Add	ent and/or reacte new registe	stered office address:  (Florida stre  (City)  Begistered Agent:	ess in Florida, e	, Florida es obl:gations d	(Zip Code)	-
(A:	smending the ew registered a Name of Ne	registered age registered age registered A w Registered A cred Office Add	ent and/or reacte new registe	stered office address:  (Florida stre  (City)  Begistered Agent:	ess in Florida, e	, Florida es obl:gations d	(Zip Code)	
(A:	smending the ew registered a Name of Ne	registered age registered age registered A w Registered A cred Office Add	ent and/or reacte new registe	istered office address:  (Florida sire (City)  Registered Agent: nt. I am familiar w	ess in Florida, e	, Florida es obl:gations d	(Zip Code)	-

Mar. | 5. 2013 2:20PM

No. 0130 P. 5

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= Secretory; 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 Dos 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: XChange	PT lohn Doe		
X Remove	<u>V</u> <u>Mike Jones</u>	per (c)	
X Add	SV Sally Smith		
Type of Action (Check One)	Title Name		<u>Address</u>
1) Change	ps Marie	a Elvira Sala	1200 1616018W718 Aug
Add	· · ·		200 (26018W718 Aug Miami, Fl. 33143
Remove			
2) Change			· ·
Add	; ;		
Remove	: : :		
Change		<u> </u>	····
Add	:		
Remove	; ; ;		
4) Change			
Add	:		
Remove	;		
5) Change	: : :	·	
Add	! !	:	
Remove			
6) Change		:	
Add			
Remove			
1		Page 2 of 4	

## H13000051431

nending or adding additions chaddaional sheets, if necess	iary). (Be specific)		
	; ;		
	)		
	:		
, , ,			
	:		
	<u>i                                     </u>		
	:		
	:		
	:		
	·	· · · · · · · · · · · · · · · · · · ·	
	:		
	!		
	-		
	•		
		•	
amendment provides for an	<u>n exchange, reclassi</u> e amendment if not	<u>Scation, or cancellation of issued shares,</u> contained in the amendment itself:	
(if not applicable, tudicate N	VA)		
		:	
	:		

Page 3 of 4

H13099051481

Page 4 of 4

٠. - . . افي

H13000051451