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FILED SECIAL TARY OF STATE DIVISION OF CORPORATION

C.COULLIETTE
Nov 25 2009

**EXAMINER** 

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Rosado	+ Matos, F.	nc,	
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	·		•
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
		عا- ا	Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		· <u>\</u>	Photo Copy
			Certificate of Good Standing
			Certificate of Status
		<u> </u>	Certificate of Fictitious Name
			Corp Record Search
		<u> </u>	Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by:	1725	11:00 -	UCC 1 or 3 File
Name	Date Ti	ime	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

#### Articles of Amendment to Articles of Incorporation of

#### ROSADO & MATOS, INC.

(Name of Corporation as currently filed with	the Florida Dept. of	State)		
P05000157245	5			
(Document Number of Corpora	tion (if known)			
Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Prof</i>	fit Corporation adop	ts the follo	owing
A. If amending name, enter the new name of the corporati	on:			
			The new	
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional assoc	Corp," "Inc," or "Co"	'. A professional co	ī" or the prporation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5544 INTERNAT	FIONAL DRIVE		
	ORLANDO, FL 3	2819	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5544 INTERNAT	IONAL DRIVE	-	
	ORLANDO, FL 3	2819	· ·	فيد
D. If amending the registered agent and/or registered offic		enter the name of th	<u>16</u> 09	<u> </u>
new registered agent and/or the new registered office ac	Idress:		9 NOV 25	
New Registered Office Address: (Flor	rida street address)	<u> </u>	PM I:	
. (City	)	, Florida <i>(Zip Code)</i>	_ <b></b>	
	,		•	r'*
New Registered Agent's Signature, if changing Registered a I hereby accept the appointment as registered agent. I am fan		he obligations of the	position.	
	-	-		

Signature of New Registered Agent, if changing

## 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>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			Add Remove
	nding or adding additional Ar additional sheets, if necessary).		
provis		change, reclassification, or cancella endment if not contained in the am	

The date of each amendmen	t(s) adoption: 11/24/09
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
app	
	JESUS R. ROSADO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)