PO6000026372

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(Requesto	or's Name)
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PICK-UP	WAIT MAIL
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SECRETARY OF STATE OPVISION OF CONTORATIONS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2009

ANA M. MEDRANO 3D FLORIDA CORPORATION 1304 SW 160TH AVE #366 WESTON, FL 33326

SUBJECT: 3 D FLORIDA CORP. Ref. Number: P06000026372

We have received your document for 3 D FLORIDA CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have two different forms. You can make all of these changes on the attached amendment form. Please complete the attached amendment form and return. We do not need the Statement of change of Registered office/Agent form.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 309A00034807

B NOV SO AM B: OC

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 3D FL	orida Corporation			
DOCUMENT NUMBER: P0600026	37A			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
Ana M. M Name of C	ed rano ontact Person			
3D FLor	ida Corporation			
13250 SW 131	Street Unit # 102			
Florida 3d Q Liv E-mail address: (to be used for futu				
For further information concerning this matter, please call:				
Ana M. Medra no at	(<u>954</u>) <u>588</u> 10 74 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made pay				
Certificate of Status	\$43.75 Filing Fee & Sectified Copy Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amendment Section An Division of Corporations Di P.O. Box 6327 Cli	reet Address nendment Section vision of Corporations fton Building 61 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	ida Cori	0,	CIVISIONEIA	TLEL STOF STATE	
(Name of Corporation as cu	irrently filed with	the Florida Dept. of S	State)	FORPORATION	10
POLOOODA	377		03 NOV 30	AM io	S
(Document N	Number of Corporat	ion (if known)		⁴¹⁷ 10: 48	
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		tes, this <i>Florida Profi</i>	t Corporation a	dopts the follow	wing
A. If amending name, enter the new nam	e of the corporatio	<u>n:</u>			
<u> </u>				The new	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	orp," "Inc," or "Co".	. A professiona		
B. Enter new principal office address, if a	annlicable:	13250 30	U 131 ST	reet	
(Principal office address MUST BE A STR				1 - 0	
		UniT # 102			
		Miani, Fl	133186	<u> </u>	
		(• •		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		13250 SW	131 5	Treet	
(
		UniT # 1	<u>72</u>	7	
		MIANI, FI	3510	<u>, ca</u>	
D. If amending the registered agent and/o			nter the name o	of the	
new registered agent and/or the new r	egistered office ad	dress:			
Name of New Registered Agent:	Ana M	<u>1aria Medr</u>	ano		
	13250	SW 131 ST	reet (hiT # 10	2 2
New Registered Office Address:	(Flori	ida street address)	<u></u>	,,,,	_
	MIAMI		, Florida_ <u>2</u>	3181	
	(City)		, Florida <u>=</u> Zip Code)	<u> </u>	
	. •	·	• ,		
New Registered Agent's Signature, if char I hereby accept the appointment as registere			ne obligations of	the position	
Thereby accept the appointment as registere		-	-	ть розшон.	
4	Mun M	Registered Agent, if co			
	Signature of New	Registered Agent, if c	hanging		

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 Hector Camacho 7350 SW895T Add Apto 706 5 Reminiscret Ana Maria Mediano 7350 SW895T Add Apto 706 S Reminiscretor Ana Maria Mediano 7350 SW895T Add Apto 706 S HIMMI EL 33156 Reminiscretor Ana Maria Mediano 7350 SW895T Add Add Apto 706 S Add OFFicer/ 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)

The date of each amendment(s) adoption: 09 12159
Effective date if applicable: (date of adoption is required)
(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)
(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 09 17 199
Signature <u>Multipure 1</u> (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)
Ana Maria Medrano (Typed or printed name of person signing)
OFFICEY DIVECTOR (Title of person signing)