PObddod a1171		
(Requestor's Name) (Address) (Address)	500079033345	
(City/State/Zip/Phone #)	08/24/0601014027 **35.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 06 AUG 24 PH 2: 41 CORE TARY OF STATE AT MHASSEE, FLORE	
Office Use Only	And a. rue	

COVER LETTER

TO: Amendment Section

• Division of Corporations

(210 lowing NAME OF CORPORATION: $u_0 \Omega(r) Z$ **DOCUMENT NUMBER:**

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person MINA (Firm/ Company (Address) (City/ State and Zip Code)

For further information concerning this matter, please call:

Maria Corchado at 305 984-3495 (Name of Contact Person) (Area Code & Davtime Telephone Number)

Enclosed is a check for the following amount:

10635 Filing Fee

S43.75 Filing Fee & Certificate of Status

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Articles of Amendment to **Articles of Incorporation** of $(\Omega \cap$ DAILY (Name of corporation as currently filed with the Flohida Dept. of State)

P0600027171

(The	cument number	ofoo	manian	(if bnown)
$\{\mathcal{D}\mathcal{C}\}$	cument numoer	01.00	iporationi	(II MIOWII)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

<u>AMENDMENTS ADOPTED-</u> (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)

ecc - 10. 186 m. Miami, 2 3315

The mailing address of the corporation	ORVISE	
(now address - 10492 SW. 186 M.	AUG	T
Miami FL 33157)	24 F	
	M 2: FLO	D
	RID,	

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption:AUG - (2006
Effective date if <u>applicable</u> :
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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)
(Typed or printed name of person signing)
Vice President (Title of person signing)

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FILING FEE: \$35

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