

# PO6000049243

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**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.**

((H09000143552 3)))



H090001435523ABC

**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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

09 JUN 15 AM 9:56

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**COMMERCE MERCHANT DATA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

2009 JUN 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amme*

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment  
to  
Articles of Incorporation  
of

((H09000143552)))

COMMERCE MERCHANT DATA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000049243

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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

FILED  
STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
09 JUN 15 AM 9:56

**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:** (((H09000143552)))  
*(Attach additional sheets, if necessary)*

<b><u>Title</u></b>	<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Type of Action</u></b>
<u>S/D</u>	<u>CHRISTIAN FONSECA</u>	<u>4851 NW 79 AVE STE 8</u> <u>DORAL FL 33166</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add <input type="checkbox"/> 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)*

CHRISTIAN FONSECA      50%  
MONICA RUBIO BERTRAN   25%  
GILBERT E. DELGADO      25%  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The date of each amendment(s) adoption: 06/15/09  
(date of adoption is required) (((H09000143552)))  
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 06/15/09

Signature

Monica Rubio  
(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)

MONICA RUBIO BERTRAN

(Typed or printed name of person signing)

P/D

(Title of person signing)