## POWW63346

| , (Re                   | equestor's Name)  | )           |
|-------------------------|-------------------|-------------|
| (Ac                     | ddress)           |             |
| (Ac                     | ddress)           |             |
| (Ci                     | ty/State/Zip/Phon | ne #)       |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | usiness Entity Na | me)         |
| (Do                     | ocument Number    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         | •                 |             |
|                         |                   |             |
|                         | <u>.</u>          |             |

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

19 DEC 29 PM 4:

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:LE CHE   | EVEAUX CORP  | - 0         |
|--|--|-------------|
| DOCUMENT NUMBER: P0600006  | 63346  | I           |
| The enclosed Articles of Amendment and fee ar  | re submitted for filing.   |             |
| Please return all correspondence concerning this   | s matter to the following:   |             |
|  | GRID FEIJOO  |             |
| . (Name o  | of Contact Person)   |             |
|  | RID M FEIJOO CPA PA  |             |
| (Fire  | m/ Company)  |             |
|  | V 34TH STREET #100   |             |
| (  | (Address)  |             |
|  | RAL, FL 33178<br>ate and Zip Code)   |             |
| For further information concerning this matter, p  | •  |             |
| INGRID FEIJOO  | -1 ( 205 ) 477 4440  |             |
| (Name of Contact Person)   | at (305) 477-4140<br>(Area Code & Daytime Telephone Number)  | -           |
| Enclosed is a check for the following amount ma  | ade payable to the Florida Department of State:  |             |
| \$35 Filing Fee \$\sum \text{Status}\$ \$\frac{1}{2}\$ | S43.75 Filing Fee & S52.50 Filing Certified Copy Certificate of Certified Copy is enclosed)  (Additional copy is (Additional Copy is enclosed) | Status<br>y |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                           | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle  |             |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| i       | FILED         |
|---------|---------------|
| 2009 DE | C 20 2        |
| SECRET  | ARY 01        |
| State)  | SSEE, FLORIDA |

|  | O1   | TALLASTARY              |
|--|--|-------------------------|
| LE CHE   | EVEAUX, CORP.  | TALLAHASSEE. FL         |
| (Name of Corporation as curr   | ently filed with the Florida Dept.                                   | of State)               |
|  |  |                         |
| (Document Nun  | mber of Corporation (if known)                                       |                         |
| rsuant to the provisions of section 607.100 llowing amendment(s) to its Articles of Incorp   |  | rofit Corporation adop  |
| If amending name, enter the new name of  | f the corporation:   |                         |
| ne new name must be distinguishable a<br>ncorporated" or the abbreviation "Corp.,"<br>Co". A professional corporation name<br>sociation," or the abbreviation "P.A." | "Inc.," or Co.," or the designati                                    | ion "Corp," "Inc," or   |
| . Enter new principal office address, if app<br>Principal office address <u>MUST BE A STREE</u>  |  |                         |
|  |  |                         |
|  |  |                         |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)   |  |                         |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)   |  |                         |
|  |  |                         |
| (Mailing address <u>MAY BE A POST OFFI</u>   | <u>CE BOX</u> )  |                         |
| (Mailing address <u>MAY BE A POST OFFICE</u> If amending the registered agent and/or r   | CE BOX)  registered office address in Florida                        | , enter the name of the |
| (Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or registered agent and/or the new registered agent.)                                    | CE BOX)  registered office address in Florida                        | , enter the name of the |
| (Mailing address <u>MAY BE A POST OFFICE</u> If amending the registered agent and/or r   | CE BOX)  registered office address in Florida                        | , enter the name of the |
| (Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:     | CE BOX)  registered office address in Florida stered office address: | , enter the name of the |
| (Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or registered agent and/or the new registered agent.)                                    | CE BOX)  registered office address in Florida                        | enter the name of the   |

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> | Name  | Address  | Type of Action        |
|--------------|---|--|-----------------------|
| V.Presid     | Humberto Luengo   | 10912 NW 67 Street  Doral, FI 33178                                    | ☑ Add □ Remove        |
|              |   |  | Add Remove            |
|              |   |  | Add Remove            |
|              | g or adding additional Articles, enter clitional sheets, if necessary). (Be specific                  |  |                       |
|              |   |  |                       |
| provisions   | ndment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A) | ssification, or cancellation of iss<br>of contained in the amendment i | ued shares,<br>tself: |
|              |   |  |                       |
|              |   |  |                       |
|              |   |  |                       |

| The date of each amendment                          | (s) adoption: December 23rd, 2008  |
|---|--|
| Effective date <u>if applicable</u> :               |  |
|   | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                            | (CHECK ONE)  |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.   |
|   | e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes of                             | east for the amendment(s) was/were sufficient for approval   |
| by  | (voting group)   |
|   | (voting group)   |
| The amendment(s) was/wer action was not required.   | e adopted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/wer action was not required.   | e adopted by the incorporators without shareholder action and shareholder  |
| Dated   | 12/24/08.  |
| Signature   | 12/24/08.<br>Blanca Cearlia Pulido   |
| selec   | a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
|   | Cecilia Pulido   |
|   | (Typed or printed name of person signing)  |
|   | President (Title of person signing)  |
|   | (The of person signing)  |

)