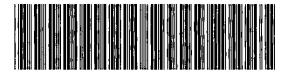
P06000075652

(Requestor's Name)		
(Address)		
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000259530840

04/30/14--01016--018 **35.00

14 APR 30 PH 2:54 SECKLIARY SPECIFICATION

C. LEWIS

MAY 1 2 2014

EXAMINER

COVER LETTER

Division of Corporations
NAME OF CORPORATION: HUARAN PAUTO INC. DOCUMENT NUMBER: P0600075652
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hideline Amaran.
ANARAW KIVING INC.
3120 W 8 51 # 10.
Kealeah, H 33018.
aideline 12346 AAhoo. Com.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ardeline Amaran at 786, 609-0005
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

APPICALLI AND FILED

Articles of Amendment

to

4	Articles of Incorporation	14 A	PR 30 PH 2: 51
HUARAW	(AU906-II	\bigcirc \bigcirc \bigcirc	NETARY OF STATE MHASSEE FLORE
(Name of Corporation as cur	rently filed with the Florida Dept. of Stat	<u>e)</u>	MADDLE, FEDRE
- PU60000	75652		
(Document Nu	imber of Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this Florida Profit Corpe	ration adopts the following	amendment(s) to
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co". A professiona		
B. Enter new principal office address, if ap			
(Principal office address MUST BE A STRE	ET ADDRESS)		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
(Maning and CSS MAN DATA TOST OF T	<u></u>		
D. If amending the registered agent and/or new registered agent and/or the new registered agent agen		r the name of the	
Name of New Registered Agent			
Nume of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Desistered Agent's Signature if shows	sing Pagistavad Agants		
New Registered Agent's Signature, if change I hereby accept the appointment as registered	agent. I am familiar with and accept the o	bligations of the position.	
Signati	ure 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Evernels	ve, una sauy smun, sv as an Ada.	
Example: X_Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change Add Remove	VP. FRANCISCO.B CARTAYA.	Address 3120 W848T. aute #10. Néalean, F1 33018
2) Change		
Remove 3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
					-	•
				•		
			<u> </u>			····
					<u>.</u>	
<u> </u>						
	•					
						•
If an amen	idment provides for	an exchange, recl	assification, or o	cancellation of is	sued shares.	
provision	s for implementing t applicable, indicate	the amendment if	not contained ir	the amendment	itself:	
					,	
			•			



The date of each amendment(s) adoption:	4/07/14	14 APR 30 PH 2: 54, if other than the
date this document was signed. Effective date if applicable:		SEURETARY OF STATE FALLAHASSEE, FLORIDA
	(no more than 90 days after	amendment file date)
Adoption of Amendment(s) (CHF	ECK ONE)	
The amendment(s) was/were adopted by the si by the shareholders was/were sufficient for ap		rotes cast for the amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting g		
"The number of votes cast for the amend	dment(s) was/were sufficient f	or approval
by(voti	ng group)	."
The amendment(s) was/were adopted by the b action was not required.	oard of directors without shar	eholder action and shareholder
The amendment(s) was/were adopted by the inaction was not required.	ncorporators without sharehold	der action and shareholder
DatedSignature		
(By a director, president)		ors or officers have not been receiver, trustee, or other court
	Adeline >	Gnaran.
•	(Typed of printed name	of person signing)

(Title of person signing)