## P06000089922

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only) States Elph Hollowy
PICK-UP WAIT MAIL
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(During Fable Nova)
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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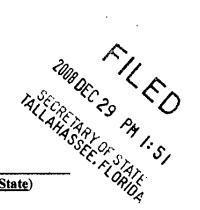
## **COVER LETTER**

\*TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SONERA &	ABREU, INC
DOCUMENT NUMBER: P0600008	79922
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
JUAN A. SON	ERA rson)
SONERA & ABREU (Firm/Company	
1310 W. DAUGHTA	
(Address)  LAKELAND, FL	
(City/ State and Zip C	
For further information concerning this matter, please call	:
TUAN A. SONERA at (at (	863 397-5051 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	le to the Florida Department of State:
Certificate of Status Cer (Ad	75 Filing Fee & S52.50 Filing Fee tified Copy Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Amen Division of Corporations Divisi P.O. Box 6327 Clifto	t Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**



SONERA GABREU, INC

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

P060000 89922

(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:

e new name must be distinguishabl scorporated" or the abbreviation "Corp	FAMILY, INC  le and contain the word "corporation," "compa p.," "Inc.," or Co.," or the designation "Corp," " name must contain the word "chartered," "proj	Inc," or
Enter new principal office address, if incipal office address MUST BE A STI		18 Patra
Enter new mailing address, if applica		
(Mailing address MAY BE A POST OF	FFICE BOX)	<del></del>
		<del> </del>
	or registered office address in Florida, enter the na	me of the
new registered agent and/or the new		me of the
	registered office address:	me of the
new registered agent and/or the new	registered office address:  (Florida street address)	
new registered agent and/or the new Name of New Registered Agent:	registered office address:	

## 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
<u>vP</u>	DIOGENES A. ABREU	2758 BEDFORDCIA LAKELAND, FL 33810	P.□ Add Remove
			Add Remove
E. If amending (attach addit	or adding additional Articles, enter clional sheets, if necessary). (Be specific	hange(s) here: ?)	
provisions	idment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)		
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			<del> </del>

The date of each amendment(s) adoption:	DEC_	_1	2008	
Effective date if applicable: (no more that	an 90 days after o	amendme	nt file date)	
Adoption of Amendment(s)	CHECK ONE)	•		
The amendment(s) was/were adopted by by the shareholders was/were sufficient f		s. The nu	mber of votes cast for the	e amendment(s)
The amendment(s) was/were approved by must be separately provided for each vot				
"The number of votes cast for the an	nendment(s) was	s/were su	fficient for approval	
by(voting group	<u> </u>			
The amendment(s) was/were adopted by action was not required.	the board of dire	ectors wit	hout shareholder action a	und shareholder
The amendment(s) was/were adopted by action was not required.	the incorporator	s without	shareholder action and s	hareholder
Dated DEC 1	200	8		
	corporator - if ir	n the hand	f directors or officers had a receiver, trustee, of	
Ju	IAN A	. <u>'</u> S	ONERA 1	<i>D</i> 
(	Typed or printe	name of	f person signing)	SIDENI
	(Title of p	erson sign	ino)	<del></del>