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SECRETAGE OF STATE
TALLAMASSEE, FLORIDA

Name Chapse

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	DRPORATION: ALFONSO H	HOME HEALTH CARE, COF	RP
DOCUMENT	NUMBER: 06000102262		
The enclosed A	rticles of Amendment and fee a	re submitted for filing.	
Please return al	Il correspondence concerning thi	is matter to the following:	
_		A ALFONSO	
	(Name	of Contact Person)	
	ALFONSO HOME HE	EALTH CARE, CORP.	
_	(Fii	rm/ Company)	
	14691 SW 168	TERRACE	
_		(Address)	
	MIAMI, FL. 3317	7	
_	(City/S	tate and Zip Code)	·
For further info	ormation concerning this matter,	please call:	
BLANCA ALFONSO		at (305)283-69	90
(Name of Contact Person)		(Area Code & Daytime Telephone Number)	
Enclosed is a cl	heck for the following amount:		
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division P.O. Bo	ment Section n of Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

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ALFONSO HOME HEALTH CARE, CORP.

SECRETART OF STATE
TALLAHASSEE, FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently filed with the Florida Dept. of State)
06000102262
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
ALFONSO AUTO PARTS EXPORT, CORP.
(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.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
(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: 07/16/2007			
Effective date if applicable:	07/16/2007		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.		
) was/were approved by the shareholders through voting groups. The nt must be separately provided for each voting group entitled to vote amendment(s):		
"The number of	of votes cast for the amendment(s) was/were sufficient for approval by		
	(voting group)		
) was/were adopted by the board of directors without shareholder action ction was not required.		
The amendment(s shareholder action) was/were adopted by the incorporators without shareholder action and was not required.		
sele	director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)		
	BLANCA ALFONSO		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

FILING FEE: \$35