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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CÓRE	ORATION:	ALEJANDRO GONZALE	Z, INC
DOCUMENT NUMBER:		P07000066401	
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
	ALE	JANDRO GONZALEZ	
	١	Name of Contact Person	
		Firm/ Company	·····
	F	P.O. BOX 340943	
•		Address	
, ,		City/ State and Zip Code	
For further informa	E-mail address: (to be use	ed for future annual report notification)	
	_	at (813) Area Code & Daytime T	932-9481
Name	of Contact Person	Area Code & Daytime To	elephone Number
Enclosed is a check	c for the following amount n	nade payable to the Florida Depa	rtment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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 Circ	ole.

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ZOD9 SEP 21 PM 4: 10

SECRETARY OF STATE
LAHASSEE: FLORIDA

ALEJANDRO GONZALEZ, INC.

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

P07000066401

(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:

name must be distinguishable and contain the word "cabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional ass	"Corp," "Inc," or "Co". A professional corpora	
B. Enter new principal office address, if applicable:	4542 W. VILLAGE DRIVE.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	SUITE D	
·	TAMPA, FL 33624	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 340943	
	TAMPA, FL 33694	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent:		
Name of New Registered Agent: 4542 W. V	address: ILLAGE DRIVE, SUITE D	
Name of New Registered Agent: New Registered Office Address: 1542 W. V. New Registered Office Address:	address:	
Name of New Registered Agent: 4542 W. V New Registered Office Address: (F	address: ILLAGE DRIVE, SUITE D	

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>	<u>Name</u>	Address	Type of Action
<u>P</u>	GONZALEZ, ALEJANDRO	4937 CYPRESS TRACE DR TAMPA, FL 33624	_ □ Add _ ☑ Remove
DP	GONZALEZ, ALEJANDRO	P.O. BOX 340943 TAMPA, FL 33694	_ ☑ Add _ □ Remove
			_
	nendment provides for an exchange, re		
(if no	ot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: <u>09-01-09</u>
Effective date <u>if applicable</u> :	(date of adoption is required)
Enecuve date in appreciable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led 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)
	(voting group)
The amendment(s) was/waaction was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wa action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	9-17-09
śel	
	ALEJANDRO GONZALEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)