P0700067139

| (Requestor's Name) |
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| (Nequesions Iname) |
| (Address) |
| (13.55) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
ANASSFE, FLORIDA

C. LEWIS

SEP 1 9 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: ALFAOMEGAMIAMI INT'L CORP | | | | | |
|--|---|---|--|--|--|
| DOCUMENT NUMBER: P07000067139 | | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | |
| | RAMON REYES | | | | |
| | Name of Contact Person RAMON REYES ACCOUNTING | | | | |
| | 5035 PALM AVE | Firm/ Company | | | |
| | HIALEAH, FL 33 | Address 012 | | | |
| | | City/ State and Zip Code | <u> </u> | | |
| JO | RGEARA83@GM | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informatio | n concerning this matter, pleas | ee call: | | | |
| RAMON REYES | | _{at (} 305 | 822-0669 | | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for the following amount made payable to the Florida Department 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 Circle Tallahassee, FL 32301 | | | |

Articles of Amendment Articles of Incorporation of

FILED

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ALFAOMEGAMIAMI INT'L, CORP

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P07000067139

ent(s) to

| (Document Number of | of Corporation (if | known) | |
|--|---|---------------------------------------|--|
| Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation: | da Statutes, this I | Florida Profit Corporat | ion adopts the following amendme |
| A. If amending name, enter the new name of the | corporation: | | ar. |
| name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the | rp, " "Inc," or "C | Co". A professional co | The new corporated" or the abbreviation or the abbreviation or the abbreviation the contain the contai |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | JORGE ANTONIO ROJAS | |
| | | 5035 PALM AVE | |
| Å, | | HIALEAH, F | L 33012 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) | | | |
| D. If amending the registered agent and/or regist new registered agent and/or the new registere | | | e name or the |
| Name of New Registered Agent JORG | E ANTON | IO ROJAS | |
| 5035 | 5035 PALM AVE | | |
| | (Florida stre | et address) | |
| New Registered Office Address: HIALE | EAH | , FI | orida 33012 (Zip Code) |
| | (City) | · · · · · · · · · · · · · · · · · · · | (Zip Code) |
| New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent. X Signature of the signature of t | egistered Agent: I am familiar w New Registered A | | ations of the position. |

1

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.

| X Change | <u>PT</u> | John Doe | |
|----------------------------|-----------|----------------------|-------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | OCCUPATI, HEBE | 5035 PALM AVE |
| Add Remove | | | HIALEAH, FL 33327 |
| A Remove | | | |
| 2) Change | P | ROJAS, JORGE ANTONIO | 5035 PALM AVE |
| X Add | | | HIALEAH, FL 33012 |
| Remove | | | |
| 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| PLEASE REMOVE HEBE OCCUPATI AS REGISTER AGENT, |
| PRESIDENT FROM THE COMPANY. |
| NEW REGISTER AGENT: JORGE ANTONIO ROJAS AND |
| PRESIDENT, THIS IS THE ONLY PERSON THAT IS GOIN TO BE |
| ON THIS CORPORATION. |
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| F. If an amendment provides for an 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) |
| |
| · · · · · · · · · · · · · · · · · · · |
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| The date of each amendment(s) ad- | 09/09/2013 | FIL. | Controller than the |
|--|---|----------------------------|-----------------------|
| date this document was signed. | ppuon: | 13 SEP 12 | |
| Effective date if applicable: | | | <u>พบ เกะ วิติ</u> |
| | (no more than 90 days after amen | dment file da ECRE TAKY | OF STATE - FLORIDA |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were adop by the shareholders was/were suf | oted by the shareholders. The number of votes ficient for approval. | cast for the amendment(s) | · |
| | oved by the shareholders through voting group each voting group entitled to vote separately or | | |
| | or the amendment(s) was/were sufficient for ap | • | |
| by | (voting group) | ••• | |
| | (voting group) | | |
| ☐ The amendment(s) was/were adoptaction was not required, | oted by the board of directors without sharehold | der action and shareholder | |
| The amendment(s) was/were adoptaction was not required. | oted by the incorporators without shareholder a | ction and shareholder | |
| Dated_09/09 | /2013 | | |
| Signature | 14-5 | | |
| selected | ector president or other officer – if directors of a received find the hands of a received fiduciary by that fiduciary) | | |
| | JORGE ANTONIO RO | OJAS | |
| - | (Typed or printed name of pe | rson signing) | |
| | PRESIDENT | | |

(Title of person signing)