(Requestor's Name) (Address)	8002089361
(Address)	00020000
(City/State/Zip/Phone #)	06/20/11010460
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	MONT OF STATE
	My Company

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Andy & Son	ns Corp
DOCUMENT NUMBER: P0700007779	3
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Andrew J.F.	Telix
Name of Conta	ct Person
Andy & Sons Firm/Com	Copp
Firm/ Com	pany
8329NW5 Addres	: th Ave
Addres	S
Miami FL =	33150
E-mail address: (to be used for future fr	inual report notification)
For further information concerning this matter, please call:	
Hadrew J Felix at (786) 7127.568 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
Certificate of Status Cert	75 Filing Fee & \$\sum \$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Amend Division of Corporations Division P.O. Box 6327 Clifton	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Andy + Sos	ns Copp		18 T
		Dept. of State)	7
(Name of Corporation as curre	77793		75.75
(Document Num	ber of Corporation (if know	vn)	777
uant to the provisions of section 607.1006 adment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>Flo</i>	orida Profit Corporation	adopts the
f amending name, enter the new name of	the corporation:		
			The
e must be distinguishable and contain t eviation "Corp.," "Inc.," or Co.," or the e must contain the word "chartered," "proj	designation "Corp," "Inc,	" or "Co". A profession	
Inter new principal office address, if appl	licable:		
ncipal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
· · · · · · · · · · · · · · · · · · ·			
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		· · · · · · · · · · · · · · · · · · ·	
f amending the registered agent and/or re		Florida, enter the nam	e of the
new registered agent and/or the new regis	tered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ac	ddress)	
-	(City)	, Florida (Zip Code)	
•	(C1139)	(Zip Code)	
Registered Agent's Signature, if changin			
reby accept the appointment as registered ag	gent. I am familiar with an	id accept the obligations	of the posi
	ignature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Dir	Sixto Felix	8329 NW5thave Miany, F1.	Add . Remove
reasurer	Lazaro Sauchay	14953 SW75 terr miami, FI.	Add Remove
Secretary	Andres WhyDen	14923 SW 89 St Miami, FI. 33196	Add Remove
		<u> </u>	ier (add
	ng or adding additional Articles, enter		
(attach add	litional sheets, if necessary). (Be specif	ic)	
•		·	
			
F. If an ame	endment provides for an exchange, recl	assification, or cancellation of iss	ued shares.
provision	ns for implementing the amendment if no applicable, indicate N/A)		
(ij noi	appricative, malcule tota)		
- ,			
 			
- 1380			

Name Asuncion Despaigne

addb 240 NW 21st apt. 205 240 NW 21st apt. 205 miami, Fl. 33127

The date of each amendment(s)	adontion:	6/17/11	
Effective date <u>if applicable</u> :	(date of ac	loption _l is required)	
(n	o more than 90 days after	amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the a	mendment(s)
		rs through voting groups. The followed to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was	were sufficient for approval	
by	oling group)	^w	
action was not required.	•	ectors without shareholder action and sha	
	6/17/11		
selected		officer – if directors or officers have the hands of a receiver, trustee, or cary)	
· _	Andrew.	J F.e.lix. I name of person signing)	_
	(Typed or printed	I name of person signing)	
_	Pres	·	_
	(Title of person signi	ng)	