Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CASTELLON INVESTMENTS INC

| Certificate of Status | 0 |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

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Articles of Amendment

| Articles of Incorporation of |
|---|
| CASTELLON INVESTMENTS INC |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| P07000083480 |
| (Document Number of Corporation (if known) |
| ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following mendment(s) to its Articles of Incorporation: |
| If amending name, enter the new name of the cornoration: |
| The new |
| me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| Enter new principal office address, if applicable: |
| rincipal office address <u>MUST BB A STREET ADDRBSS</u>) |

| Enter new mailing address, if applicable: | |
|--|-----|
| (Mailing address MAY BE A POST OFFICE BOX) | AV- |
| • | |
| | |

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

EDUARDO A. BADELL

2140 NW 36TH ST

New Registered Office Address:

(Florida street address)

MIAMI

, Florida<u> 33142</u>

(City)

(Zip Code)

New Revisiered Agent's Signature, if changing Revistored Agent:

I hereby accept the appointment as registered agent. I am familiar with and acquest the obligations of the position.

Signature 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> | Name | Address. | Type of Action |
|--------------------|---|---|------------------------------|
| PD | EDUARDO A. BADELL | 7970 HAWTHORNE AVE MIAMI FL 33141 | ☑ Add □ Remove |
| PD | IVON CARDENTE 1 | 2140 NW 36TH STREET MIAMI FL 33142 | |
| | | | |
| E. <u>If amend</u> | ing or adding additional Articles, ente | r change(s) here: | |
| (attach ad | ditional sheets, if necessary). (Be spec | ific) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| provision | endment provides for an exchange, re as for implementing the amendment is applicable, indicate N/A) | classification, or cancellation of not contained in the amendmer | issued shares, at itself; |
| | | · · | |
| | | | |
| | · | | |
| | | | |

| The date of each amendment | (s) adoption; 02-03-2010 |
|--|--|
| | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/wes | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. |
| The amendment(s) was/wei must be separately provided | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| | east for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/wer action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| Dated 02-03 | |
| (I ស | By a director, president or other office - i directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court populated fiduciary by that fiduciary) |
| | IVON CARDENTELY |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |
| | farma kannam arthrest) |