P08000012440

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Amend

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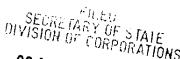
TO: Amendment Section

- Division of Corporations
NAME OF CORPORATION: P.F.S. DELLEPERE GED.
DOCUMENT NUMBER: P080000 12 440
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALVARO DELLE Pere Name of Contact Person
P.E.S. De LIEPERE Corp. Firm/Company
7901 HISPANULA AVE: , SUITE 608 Address
NORTH BAY VILLAGE, FL 33141 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALVARO DELLIERERE at (954) 907 2902 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \\$Additional copy is enclosed\$\$ Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallaharsan FL 32314 Mailing Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of



Rrc 7			00 4	* OKPORATIO
P.E.S. DELLEPE	ERE	Corp.	09 AUG 26	· OKPORATIO 5 AM 9: 05
(Name of Corporation as currently file			State)	5. 05
POSOOO 12 (Document Number of C	440			
(Document Number of C	Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Floridamendment(s) to its Articles of Incorporation:	la Statutes,	this <i>Florida Pro</i>	fit Corporation adop	ots the following
A. If amending name, enter the new name of the cor	poration:			
N/A				The new
name must be distinguishable and contain the worn abbreviation "Corp.," "Inc.," or Co.," or the designa- name must contain the word "chartered," "professiona	ition "Corp	o," "Inc," or "Co	". A professional co	
3. Enter new principal office address, if applicable:		NIA		
Principal office address MUST BE A STREET ADDI	RESS)	,,,,,,		_
	_			
	_			=
C. Enter new mailing address, if applicable:	_	11/1		
(Mailing address MAY BE A POST OFFICE BOX	9 _	N/A		-
				-
D. If amending the registered agent and/or registere	d office ad	dress in Florida	enter the name of th	ne
new registered agent and/or the new registered o			CHIEF THE HUMBE OF THE	<u></u>
Name of New Projectured Aposts	01/1			
Name of New Registered Agent:	/ / / ~			
New Registered Office Address:	(Florida	street address)		
			, Florida	
	(City)		(Zip Code)	
lew Registered Agent's Signature, if changing Regis	tomod Ago	m#a		
hereby accept the appointment as registered agent. I			the obligations of the	position.
	3		Gy viv	,
	CM		1 .	
Signature	e oj New Re	gistered Agent, if	cnanging	

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)

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		MORIORE, W		
				
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ndment provides for an	evchange r	eclassification or cancelle	ution of issued charas	
for implementing the	amendment i			
applicable, indicate N/A)			
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ALVARO L JUNE MIT	lellepe.	<u>re - 95/0</u>	DWNERSHIP	193 SH
	ndment provides for an applicable, indicate N/A	ndment provides for an exchange, responsible indicate N/A)	ng or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific) MA And the sheets of the	Remove Add Add Remove Add A

The date of each amendment	(s) adoption: August 1, 2009
	(date of adoption is required)
Effective date if applicable:	August 1, 2007
• • • •	(s) adoption: August 2009 (date of adoption is required) August 2009 (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	8/09/2009
	a shrector, 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 ointed fiduciary by that fiduciary)
	ALVARO DELLE PERE (Typed or printed name of person signing)
	PRESI PENT
	(Title of person signing)