# P0800089983

(Re	equestor's Name)	
(Ac	ldress)	
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, (Ci	ty/State/Zip/Phone	<del>9</del> #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	CENTRO ELECTRONICO	INC.
DOCUMENT NUME	BER:	P08000089982	
The enclosed Articles	of Amendment and fee a	re submitted for filing.	
Please return all corres	spondence concerning thi	is matter to the following:	
_		MARIA C. ABREU	<del>.</del>
	N	lame of Contact Person	
	CENTR	O ELECTRONICO INC.	
		Firm/ Company	
	11500 WES	STWOOD BLVD. PT. 1128D	
, .	- ***	Address	
	OF	RLANDO FL 32821	
		ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further information	n concerning this matter,	please call:	
	EN D. TORO	at ( 407 ) 370	
Name of C	Contact Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check for	r the following amount n	nade payable to the Florida Departn	nent 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 Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

	LED
7/19/	
_IALLAHASSEE,	DESTATE
_	LORIDA

### CENTRO ELECTRONICO INC.

	LECTIONICO INC.		<b></b>
(Name of Corporation as curr	rently filed with the Florida Do	ept. of State)	_IALLAHASSEE, FL
	<u></u>	<u></u>	_
(Document Nur	mber of Corporation (if known)		
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Florid</i>	la Profit Corpor	ation adopts the follo
If amending name, enter the new name of	of the corporation:		
MEG	SATRONIC INC.		The new
ne must be distinguishable and contain reviation "Corp.," "Inc.," or Co.," or the ne must contain the word "chartered," "pro	e designation "Corp," "Inc," a	or "Co". A profe	essional corporation
Enter new principal office address, if app			
incipal office address <u>MUST BE A STREI</u>	<u>ET ADDRESS</u> )		
			<del>_</del>
	<del>_</del>		<del></del>
Enter new mailing address, if applicable	<del></del> :		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	e: ICE BOX)		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	e <u>:</u> ICE BOX)	4	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	e: ICE BOX)		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u>e:</u> ICE BOX)		
(Mailing address MAY BE A POST OFFI  If amending the registered agent and/or	registered office address in Flo	orida, enter the 1	name of the
(Mailing address <u>MAY BE A POST OFFI</u>	registered office address in Flo	orida, enter the I	name of the
(Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Flo	orida, enter the I	name of the
(Mailing address MAY BE A POST OFFI	registered office address in Flo	orida, enter the I	name of the
If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Floistered office address;		name of the
(Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Flo		name of the
(Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new registered agent:  Name of New Registered Agent:	registered office address in Floistered office address;	ess)	
(Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in Floistered office address;		

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) **Title** <u>Name</u> Address **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendmen	i(s) adoption: <u>05/12/2009</u>
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/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statemen 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	,,,
V <del></del>	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_05/1	2/2009
Signature	Marica Pouce
sele	a director, 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 pinted fiduciary by that fiduciary)
	María C. Abreu
	(Typed or printed name of person signing)
	Director
	(Title of person signing)