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SECRETARY OF STATE OF CORPORATIONS

Amend (a/09)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	DRPORATION: <u>ENFARRA</u>	DOS INTERNATIONAL (CORP.			
DOCUMENT	NUMBER: <u>P0800009</u> 1	1469				
The enclosed A	Articles of Amendment and fee a	are submitted for filing.				
Please return a	ll correspondence concerning th	is matter to the following:				
_	MONIQUE TRONCONE CPA PA					
	(Name	of Contact Person)				
	MONIQUE TRONCONE CPA PA					
	(Fî	rm/ Company)				
	:					
-	55 NE 51	H AVENUE SUITE 501 (Address)				
		(riddiess)	73)			
	BOCA	A RATON, FL 33432				
		tate and Zip Code)				
For further info	ormation concerning this matter,	please call:				
PAOLA MALTE	MPI	at (<u>561</u>) 9103110				
1)	Name of Contact Person)					
Enclosed is a c	heck for the following amount n	nade payable to the Florida Depa	rtment of State:			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Stre		Street Address	- · · -			
	ment Section	Amendment Section				
	n of Corporations	Division of Corporations				
P.O. Bo		Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle		ele				
		Tallahassee, FL 32301				



January 28, 2009

MONIQUE TRONCONE CPA PA 55 NE 5TH AVENUE SUITE 501 BOCA RATON, FL 33432

SUBJECT: ENFARRADOS INTERNATIONAL CORP

Ref. Number: P08000091469

We have received your document for ENFARRADOS INTERNATIONAL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 809A00003135

SECRETARY OF STATE TALL AHASSEE, FLORIDA

SMOREB-5 AM 8:00

Articles of Amendment to Articles of Incorporation of

ENFARRADO	S INTERI	NATIONAL CORP	 #		
(Name of Corporation as cu	irrently filed	with the Florida Dept. of S	tate)		
P08000091469					
		orporation (if known)	*		
Pursuant to the provisions of section 607. following amendment(s) to its Articles of In		Statutes, this Florida Prof.	It Corporation adopts the		
A. If amending name, enter the new nam	e of the corp	oration:			
The new name must be distinguishable "incorporated" or the abbreviation "Corp" "Co". A professional corporation in association," or the abbreviation "P.A."	.," "Inc.," o	r Co" or the designation	"Corp," "Inc," or		
B. Enter new principal office address, if a (Principal office address MUST BE A STR		ESS)	DIVIS 0.		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF			FEB -5 AMIO: 37		
D. If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent:					
New Registered Office Address:		(Florida street address)			
		(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.			ept the obligations of the		
_	Signature d	f New Registered Agent, if ch	 nanging		

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 Address Name **Type of Action** PD RICARDO SANTAMARIA LOPE 55 NE 5TH AVENUE STE 501 ☐ Add PD JUAN GUILLERMO VELASCO 5409 N 9TH STREET Add TAMPA FL 33604 Remove ☐ 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 amendment(s) adoption: 01/15/2009	·
Effective date if applicable: 01/15/2009	
(no more than 90 days after amendment file	date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficien	t for approval
· by"	
· by	
 The amendment(s) was/were adopted by the board of directors without s action was not required. The amendment(s) was/were adopted by the incorporators without share action was not required. 	
Signature (By a director, president or other officer – if directed, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	receiver, trustee, or other court
Ricardo A. Santamaria Lo (Typed or printed name of person	
(Typed of printed name of perso	n əigiillig <i>j</i>
President	
(Title of person signing)	