P08000098157

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#}
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





100258418661

100258418661 03/31/14--01057--003 **\$2.50



Amend cus

COVER LETTER

TO: Amendment Section

Division of Corpora	tions			
NAME OF CORPORA	TION: NETRA	DE CORPOR 2009875	ATION	
DOCUMENT NUMBE	R:	000 4875		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
_	Vincent	E Yllar	<u> </u>	
		Name of Contact Person	DRATION	
_	110263	Firm/Company	PLACE	
_	Miam	* Florid	a 33186	
_		City/ State and Zip Code	:	
Vincente Manss @ Yahoo, COM. E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Vincent	E. Yllane	s at 305	546-9184	
Name of	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amendi Divisio Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment

Articles of Incorporation

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

ion "Corp," "Inc," or	"Co". A profession	
applicable: REET ADDRESS		
		· · · · · · · · · · · · · · · · · · ·
ible: FFICE BOX		
		-
	÷	
registered office addre	<u>ss:</u> Е, УЦ	ANES
1102651	N 133	Place
(Florida s	treet address)	22101
<u>Miami</u>	FLA	, Florida
Miami (Cit	TLA	, Florida (Zip Code)
		, Florida <u>JJP (OC</u> (Zip Code)
nging Registered Ager	nt:	, Florida (Zip Code) (Zip Code) e obligations of the position.
	ion "Corp," "Inc," or in," or the abbreviation applicable: EEET ADDRESS ble: FFICE BOX or registered office addre	ble:

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	s, and sally s	min, or as an Aua.	
Example: X Change	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Susana I Yllanes	
Add Remove			Miami, FL 33186
2) Change	V.P	Luis R Yllanes	· · · · · · · · · · · · · · · · · · ·
Add			Miami, FC
Remove 3) Change	P	Vincent E YLLanes	
Add Remove			<u>Hiami, FL</u> 33186
4) Change	V,P	Julio L Izique	6101 Swinden lane
Add Remove			Davie, FL 33331
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
· · · · · · · · · · · · · · · · · · ·	
<u>.</u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
, THE ***	
V VALUE AND A STATE OF THE STAT	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (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)	
Susang I YLLanes (Typed or printed name of person signing)	_
President	
(Title of person signing)	