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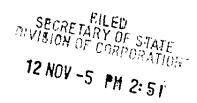
NOV - 7 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ROTUNNO	& ROTUNNO H	OLDINGS, INC.	
DOCUMENT NUMI	BER: P0800010184	0		
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	LILLIAN SARDIN	AS		
		Name of Contact Persor	1	
	SARDINAS & AS	SOCIATES AC	COUNTANTS, P.A.	
		Firm/ Company		
	7171 CORAL WA	Y STE 402		
		Address		
	MIAMI, FL 33155	1		
		City/ State and Zip Code		
LIL	LYSARDI@AOL.	COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
LILLIAN SAF	RDINAS	at (305	262-7300	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment 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)	
– – – Ma	iling Address	Street	Address	
Am	endment Section	Amendment Section		
	ision of Corporations	Division of Corporations		
	. Box 6327		Building	
Tallahassee, FL 32314			executive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of



ROTUNNO & ROTUNNO HOLDINGS, INC.

(2)	, as a til at En	11 5 (40)		
· · · · · · · · · · · · · · · · · · ·	currently filed with the Flor	ida Dept. of State)		
P08000101840		•		
(Documen	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ad	dopts the following a	amendment(s) to
A. If amending name, enter the new na	me of the corporation;			
				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp." "Inc," or "Co	". A professional corpora		
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
	•			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	cable:			
(Matting duaress MAT BE A FOST)	OFFICE BUX)			
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the nar	ne of the	
Name of New Registered Agent	SARDINAS & ASSOCIATES ACCOUNTANTS P.A.			
Name of New Registered Agent	7171 CORAL WA	Y STF 402	•	
	(Florida street		-	
New Registered Office Address	MIAMI	Florida	33155	
New Registered Office Address.	(Ciţy)	, 1 toriu	(Zip Code)	
N D 1 1 1 1 1 5'- 1 15'				
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		h and accept the obligation	is of the position.	
	Lillian Loro	·		
Sie	anglare of New Registered Ag	ent 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)

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

 $P = P_{resident}$; $V = V_{ice}$ $P_{resident}$; $T = T_{reasurer}$; $S = S_{ecretary}$; $D = D_{irector}$; $T_{R} = T_{rustee}$; $C = C_{hairman}$ or C_{lerk} ; $C_{EO} = C_{hief}$ $E_{resident}$; $C_{EO} = C_{hief}$; $C_{EO} =$

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.

X Change	PT	John D	oe	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PS1	<u> </u>	MICHELE ROTUNNO OTEIZA	1701 NW 112 AVE
X	_			SUITE 107
Remove				MIAMI, FL 33172
2) Change	Р		JENIFFER PINCHEVSKI DENTE	1701 NW 112 AVE
Add		_		SUITE 107
X Remove				MIAMI, FL 33172
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add		_		
Pamove				

			<u>.</u>	
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				<u> </u>
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			, <u>, , , , , , , , , , , , , , , , , , </u>	
				
			- -	
			,	
an amendment provides for an exch	iongo roolassifio	ation or consoll	ntion of iccuad s	no r os
provisions for implementing the ame	ndment if not co	ntained in the ar	nendment itself:	14165
(if not applicable, indicate N/A)				
				
				

. The date of each amendment(s)	Joption: OCTOBER 1, 2012
Effective date if applicable:	CTOBER 1, 2012
Enteriste date <u>in applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were as by the shareholders was/were	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes can	for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	pred by the incorporators without snarcholder action and snarcholder
Dated_xi_/	Join lichele
(By a selec	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	MICHELE ROTUNNO OTEIZA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)