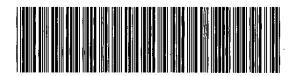
# P08000102021

| (Re                                    | questor's Name)                                |             |
|----------------------------------------|------------------------------------------------|-------------|
|                                        |                                                |             |
| (Ad                                    | dress)                                         |             |
|                                        |                                                |             |
| —————————————————————————————————————— | dress)                                         |             |
| •                                      |                                                |             |
| (Cit                                   | y/State/Zip/Phon                               | e #)        |
| ,                                      | ,                                              | ,           |
| PICK-UP                                | ☐ WAIT                                         | MAIL        |
|                                        |                                                |             |
| (Bu                                    | siness Entity Nai                              | me)         |
|                                        |                                                |             |
| (Do                                    | cument Number)                                 | )           |
| •                                      | - · · · · · · · · · · · · · · · · · · ·        |             |
| Certified Copies                       | Certificate                                    | s of Status |
| Certified Copies                       | _ Octanicates                                  | 3 Of Otatus |
|                                        |                                                |             |
| Special Instructions to                | Filing Officer:                                |             |
|                                        |                                                |             |
| j                                      |                                                |             |
|                                        |                                                |             |
| ļ                                      |                                                |             |
| ]                                      |                                                |             |
|                                        |                                                |             |
|                                        | <u>,                                      </u> |             |
|                                        |                                                |             |

Office Use Only



600138093836

11/25/08--01029--010 \*\*43.75

2008 NOV 25 AH II: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BNOV 25 AMII: 55

Amend + N/c

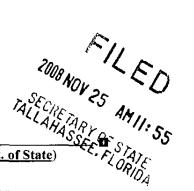
1B 12-3-08

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: VILMA CO                                                                  | DRP                                                                                                                        |                                                                                       |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: Po800                                                                         | 0002021                                                                                                                    |                                                                                       |
| The enclosed Articles of Amendment and fee                                                     | are submitted for filing.                                                                                                  |                                                                                       |
| Please return all correspondence concerning th                                                 | nis matter to the following:                                                                                               |                                                                                       |
|                                                                                                | GELIO GONZALEZ                                                                                                             |                                                                                       |
| (Name                                                                                          | of Contact Person)                                                                                                         |                                                                                       |
| (F                                                                                             | VILMA CORP<br>irm/ Company)                                                                                                | <del></del>                                                                           |
| 9620 FC                                                                                        | ONTAINEBLEAU BLVD                                                                                                          |                                                                                       |
|                                                                                                | (Address)                                                                                                                  | <del></del>                                                                           |
|                                                                                                | MIAMI, FL 33172<br>State and Zip Code)                                                                                     | <del></del>                                                                           |
| For further information concerning this matter,                                                | •                                                                                                                          |                                                                                       |
| ROGELIO GONZALEZ (Name of Contact Person)                                                      | at ( 305 ) 4398466<br>(Area Code & Daytime                                                                                 | Tolombono Numban                                                                      |
| Enclosed is a check for the following amount r                                                 |                                                                                                                            |                                                                                       |
| \$35 Filing Fee \$\sum \text{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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301 | cle                                                                                   |

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



#### VILMA CORP

(Name of Corporation as currently filed with the Florida Dept. of State

(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 its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

| new name must be distinguishable                                                                                              | and contain the word "corporation     | on," "company," or    |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|
| corporated" or the abbreviation "Corp.,                                                                                       | " "Inc.," or Co.," or the designation | n "Corp," "Inc," or   |
| o". A professional corporation natociation," or the abbreviation "P.A."                                                       | ne musi contain the word "chart       | erea, professional    |
| octation, or the abbreviation 1.A.                                                                                            |                                       |                       |
| Enter new principal office address, if ap                                                                                     | plicable:                             |                       |
| rincipal office address <u>MUST BE A STRE</u>                                                                                 | ET ADDRESS )                          |                       |
|                                                                                                                               |                                       |                       |
|                                                                                                                               |                                       |                       |
|                                                                                                                               |                                       |                       |
| Enter new mailing address, if applicabl                                                                                       | <u>e:</u>                             |                       |
| (Mailing address MAY BE A POST OFF                                                                                            | <u> </u>                              |                       |
| (                                                                                                                             |                                       |                       |
|                                                                                                                               |                                       |                       |
| <u> </u>                                                                                                                      |                                       |                       |
|                                                                                                                               |                                       |                       |
|                                                                                                                               |                                       |                       |
| If amending the registered agent and/or                                                                                       |                                       | enter the name of the |
|                                                                                                                               |                                       | enter the name of the |
| If amending the registered agent and/or new registered agent and/or the new reg                                               |                                       | enter the name of the |
| If amending the registered agent and/or                                                                                       |                                       | enter the name of the |
| If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered Agent: | <u>cistered office address:</u>       | enter the name of the |
| If amending the registered agent and/or new registered agent and/or the new reg                                               |                                       | enter the name of the |
| If amending the registered agent and/or new registered agent and/or the new registered agent:  Name of New Registered Agent:  | <u>cistered office address:</u>       |                       |
| If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered Agent: | <u>cistered office address:</u>       | enter the name of the |

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)

| <u>Title</u>  | <u>Name</u>                                                                                            | <u>Address</u>                                       | Type of Action        |
|---------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------|
| <u>P</u>      | VILMA T SALAZAR ROJAS                                                                                  | MAN EL 22470                                         | _ □ Add<br>□ □ Remove |
| <u>P</u>      | ROGELIO GONZALEZ                                                                                       | 9423 FONTAINEBLEAU BLVD<br>APT 108<br>MIAMI FL 33172 |                       |
|               |                                                                                                        |                                                      | Add Remove            |
|               | nding or adding additional Articles, en<br>additional sheets, if necessary). (Be sp                    |                                                      |                       |
|               |                                                                                                        |                                                      |                       |
|               |                                                                                                        |                                                      |                       |
| <u>provis</u> | amendment provides for an exchange, sions for implementing the amendment for applicable, indicate N/A) |                                                      |                       |
|               |                                                                                                        |                                                      |                       |
|               |                                                                                                        |                                                      |                       |
|               |                                                                                                        |                                                      | <del></del>           |

| The date of each amendment(s) adoption: 11/17/2008 |                                                                                                                                                                                                         |  |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effective date if applicable:                      | 11/17/2008                                                                                                                                                                                              |  |
| <u></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/w  | are adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.                                                                                             |  |
|                                                    | re approved by the shareholders through voting groups. The following statement ad 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/we action was not required.   | re adopted by the board of directors without shareholder action and shareholder                                                                                                                         |  |
| The amendment(s) was/we action was not required.   | re adopted by the incorporators without shareholder action and shareholder                                                                                                                              |  |
| Dated 11/17                                        | /2008                                                                                                                                                                                                   |  |
| sele                                               | ra director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |  |
|                                                    | ROGELIO GONZALEZ                                                                                                                                                                                        |  |
|                                                    | (Typed or printed name of person signing)                                                                                                                                                               |  |
|                                                    | PRESIDENT                                                                                                                                                                                               |  |
|                                                    | (Title of person signing)                                                                                                                                                                               |  |