

FROM: LAZARUS
DIV: 2009 Corporations

FAX NO. : 3052201440

Sep 18 2009 03:13PM P1
https://emc.sunbiz.org/scripts/emc covr.exe

PO9000010316

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000203790 3)))



H090002037903ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
09 SEP 18 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CAPRICORNIO, INC.

RECEIVED
2009 SEP 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

C.COULLETTE
Help

SEP 21 2009

EXAMINER

H09000203790

Articles of Amendment
to
Articles of Incorporation
of

CAPRICORNIO, INC.

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

P09000010316

(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:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

H09000203790

FILED
09 SEP 18 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: LAZARUS

FAX NO. : 3052201440

Sep. 18 2009 03:13PM P3

H09000203790

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>	<u>Types of Action</u>
<u>SD</u>	<u>Victor Galarza Jr.</u>	<u>901 BRICKELL KAY BLVD.</u> <u>UNIT 1904</u> <u>MIAMI FL 33131</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>SD</u>	<u>Paola Patricia Galarza M.</u>	<u>901 BRICKELL KAY BLVD.</u> <u>UNIT 1904</u> <u>MIAMI FL 33131</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> 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)

H09000203790

H09000203790

The date of each amendment(s) adoption: 9-18-09

(date of adoption is required)

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.

Dated 9-18-09

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)

Victor Galarza Sr.

(Typed or printed name of person signing)

President

(Title of person signing)

H09000203790