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SECRETARY OF SIAII
AHASSEE FLORII

Amend C.COULLIETTE APR 21 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

•		
NAME OF CORPORATION:	Lacoscido	d Cesar
DOCUMENT NUMBER:	P6900002	1897]
The enclosed Articles of Amenament and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Name of C	Contact Person)	
100112 MM	Company) .:	SuiteA
(City/ State	e and Zip Code)	9
For further information concerning this matter, pl	ease call:	
(Name of Contact Person)	at (Area Code & Daytime Telep	hone Number)
Enclosed is a check for the following amount made	de payable to the Florida Departm	ent of State:
\$35 Filing Fee \$\times \$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)
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 Circle	

Tallahassee, FL 32301

Articles of Amendment to

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Articles of Incorporation

source Conter Iox.

(Name of Corporation as currently fileh with the Florida Dept. of State)
LEG GEODES POR
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Arifeles 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) (Principal office address MUST BE A STREET ADDRESS)
miseri, FL 33169
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), Florida (City) (Zip Códe)
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.
4/4
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)

Title	Name	<u>Address</u>	Type of Action		
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•	<i>7.3.</i>				
					
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		xchange, reclassification, or cancellatinendment if not contained in the amen			
(if not applicable, indicate, N/A)					
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7		Page 2 of 3			
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			4/14/07.		

The date of each amendment(s) add	ption:	<u></u>	7001
Effective date if applicable: (no m	sore than 90 days after an	nendment file date	S
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suff		The number of vo	tes cast for the amendment(s)
The amendment(s) was/were approvided joing	oved by the shareholders ach voting group entitled	through voting great to vote separately	oups. The following statemen on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/v	vere sufficient for	approval
by	g group)	, , , , , , , , , , , , , , , , , , , ,	
(votin	g group)		
The amendment(s) was/were adoption was not required.	oted by the board of direct	tors without sharel	nolder action and shareholder
The amendment(s) was/were adoption was not required.	oted by the incorporators	without sharehold	er action and shareholder
Dated 44	4109	_ /	
Signature(By a dire	Smoke Sctor, president or other of	HMCer ficer – if directors	or officers have not been
	by an incorporator – if in t fiduciary by that fiduciar		iver, trustee, or other court
	Symous (Typed or printed)	Aman name of person sig	CT gning)
	VP, CE	son signing)	DIR.
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