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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tano 3 Tino Inc
DOCUMENT NUMBER: <u>P0900051009</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos Serna o lia Name of Contact Person
Tano S Tino Inc Firm/Company
319 Belvedere Rd #2
West Palm Beach, FL 33205 City/State and Zip Code martine22assocpropmat.com E-mail address: (to be used for future abnual report notification)
For further information concerning this matter, please call: Colos Sernagia at (561) 932-2155 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\int \text{\$\text{\$\text{S43.75 Filing Fee} & } \$\text{\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Tano STi			
(Name of Corporation as cu	rrently filed with the Florida Dep	t. of State)	
	0051009		
(Document N	lumber of Corporation (if known)		
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		Profit Corporation ac	lopts the following
A. If amending name, enter the new name	e of the corporation:		
			The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or i name must contain the word "chartered," "p	the designation "Corp," "Inc," or	"Co". A professional	
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>			
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) D. If amending the registered agent and/o	or registered office address in Flor	rida, enter the name o	THAY 12 PHI2: 32
new registered agent and/or the new ro	egistered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street addres.	<u>s)</u>	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		cept the obligations of t	the position.
_	Signature of New Registered Ager	ıt, if changing	

If whentling 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
<u>VP</u>	Fernando J. Dio12	West folm Beauty Fe, 33401	Add Remove
	dditional sheets, if necessary). (Be spec		
provisio	nendment provides for an exchange, reons for implementing the amendment if ot applicable, indicate N/A)	classification, or cancellation of not contained in the amendmen	issued shares, nt itself:

The dare of each amendment(s) adoption: Hory 02, 2011
\ \ (date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amenament 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 statemen 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)
action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 05/02/11
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)
Covos Sernaglia. (Typed or printed name of person signing)
(Title of person signing)