<u>199054983</u>

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SECRETARY OF STATE

OCT -2 2013

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEAUX ARTS ASSET MANAGEMENT, CORP.						
DOCUMENT NUMBER: P0900054983						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
ANDRES E. BAZO						
	Name of Contact Person					
KOPELOWITZ OSTR	OW					
	Firm/ Company					
2525 PONCE DE LEG						
	Address					
CORAL GABLES FL	33134					
	City/ State and Zip Code					
BAZO@KOLAWYERS.CO	DM .					
-	used for future annual report notification)					
For further information concerning this matter, please call:						
ANDRES E. BAZO	at (305) 4058078					
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:						
S35 Filing Fee S43.75 Filing Fee & Certificate of Status						
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					

Articles of Amendment to Articles of Incorporation of

FILE®D SEP 23 FM I2: C4

BEAUX ARTS ASSET MANAGEMENT, CORP. ·ŞECRETARY-OF STATE, (Name of Corporation as currently filed with the Florida Dept. of State) ALLAHASSEE, FLORIDA P09000054983 (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: name must be distinguishable und 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 (Florida street address) New Registered Office Address: , Florida 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

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 = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

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.

Example: X Change	<u>PT</u>	John Doe			
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	D	RUBEN PEREZ-SILVA	2525 Ponce de Leon Blvd		
Add			Suite 625		
X Remove			Coral Gables FL 33134		
2) Change	D	ANA G. PEREZ-PARRA	2525 Ponce de Leon Blvd		
Add			Suite 625		
X Remove			Coral Gables FL 33134		
3) Change	D	LORENZO VIGAS	2525 Ponce de Leon Blvd		
X Add			Suite 625		
Remove			Coral Gables FL 33134		
4) Change	D	JEANNINE CASTES	2525 Ponce de Leon Blvd		
X Add			Suite 625		
Remove			Coral Gables FL 33134		
5) Change					
Add					
Remove					
6) Change					
Add			***************************************		
Remove					

tacii aaaiiionai S	sheets, if necessary).	(Be specific)			

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n amendment	provides for an exch	ıange, reclassifi	cation, or cance	ellation of issued s	hares.
rovisions for im	plementing the ame	ndment if not c	ontained in the	amendment itself	<u>:</u>
(if not applied	able, indicate N/A)				

	 -				
					

The date of each amendment(s) adoption	on:	_, if other than the
date this document was signed.		
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 was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
☐ The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated06/10/2013	3 1/25	
Signature		
(By a director selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	_
LO	RENZO VIGAS	
	(Typed or printed name of person signing)	
DIF	RECTOR	
	(Title of person signing)	_