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TE JUL -9 PH 2: 29
SECRETARY SE STATE
TALL AHASSEE FLORIDA

JUL 1 1 2012 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Aluba 2 Aluba, P. A.  DOCUMENT NUMBER: PO900070279
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person ALODAK NULL AVE.  Firm/ Company  3399 NW 72 AVE. Ste. 211  Address  MIAMI FL 33122  City/ State and Zip Code  Chy/ State and Zip Code
For further information concerning this matter, please call:  TUILLA LO LO at (30.5) 362 - 8118  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 \$\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment  to  Articles of Incorporation  of  A LODG E A LODG P. A. M. Co. PH 2: 29  (New of Sorresting or subreathy filed with the Floridd Pent of State)
(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 <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:  ALCOBO WHO I GR. P.A.  The new name must be distinguishable and contain the word "corporation," 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)  New Registered Office Address:  (City)  (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

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 <math>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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DYP Ruben Alubba	17347 SW 20CT Micamar, FL 33122
2) Change Add Remove	DNP Divya Khullar	109 Lake Emerald Dr. Apt. 303 Dakland Park, EL33309
3) X Change Add Remove	DS Juliet AlLobo	1 2533 SW19 Ave. apt. 20, Miami, FL 33122
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

ıcn addıttonal sheets, i	f necessary). (Be specifi	·c)		
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s amendment provide	s for an exchange reclas	sification or cancel	lation of issued shar	ee.
visions for implemen	s for an exchange, reclas ting the amendment if no	ot contained in the a	mendment itself:	<del>531</del>
(if not applicable, ina	licate N/A)			
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The date of each amendment(s) adoption:
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 07 03 12
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)
Ruben Alloba
(Typed or printed name of person signing)  PVCSIdeN+ Director
(Title of person signing)