(Requestor's Name)	
(Address)	50023
(City/State/Zip/Phone #)	08/01/12
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: BONIFAZIO	CORP.	
DOCUMENT NUMBER: P09000081639		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matter	ter to the following:	
EDUARDO RUAN	10	
	Name of Contact Person	1
SERBER & ASSO		
	Firm/ Company	
2875 NE 191 STF	REET, SUITE 80)1
	Address	
AVENTURA FL 3	3180	
	City/ State and Zip Code	
ER@SERBERLAWF	IRM.COM	
	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
EDUARDO RUANO	at (305	9326262
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



12 AUG -1 AM 10: 59

BONIFAZIO CORP.			_
(Name of Corporation as current	tly filed with the Florida D	ept. of State)	
P09000081639			
(Document Number	er of Corporation (if known))	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this <i>Florida I</i>	Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	he corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A	npany," or "incorporated" or the professional corporation name must	abbreviation t contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.			_
	 -		_
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROX)		
(Maining audiess MAT BE ATOST OTTICE	<u></u>		_
			
			_
D. If amending the registered agent and/or reg new registered agent and/or the new register		lorida, enter the name of the	
Name of New Registered Agent			
	(Florida street addre	(22.	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age		accept the obligations of the position	
Signatura	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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	<u>nìth</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		Maria C. Delfabro	20900 NE 30 Avenue
Add				Suite 715
X Remove				Aventura FI 33180
2) Change	D		Carlos Pia Mangione	20900 NE 30 Avenue
Add				Suite 715
X				Aventura FI 33180
3) Change	D		Daniel J. Serber	2875 NE 191 Street
X Add				Suite 801
Remove				Aventura FI 33180
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ach additional si	heets, if necessary).	. (Be specific)			
					<u> </u>
				<u> </u>	
					
			 -	<u></u>	
				<u> </u>	

<u>in amendment f</u>	provides for an exc	change, reclassif	ication, or canc	ellation of issued	1 shares,
(if not applied	plementing the am	ienament it not	contained in the	amendment itsi	:11:
(i) not applica	ore, marcare way				
					·= · · · · · · · · · · · · · · · · · ·
					

The date of each ame	dment(s) adoption:
Effective date <u>if appli</u>	able:
<u>ру</u>	(no more than 90 days after amendment file date)
Adoption of Amendm	nt(s) (<u>CHECK ONE</u>)
	as/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	as/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number	f votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
, <u></u>	(voting group)
action was not requ	ras/were adopted by the incorporators without shareholder action and shareholder
Date	July 30, 2012
Sign	(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)
	EDUARDO RUANO
	(Typed or printed name of person signing)
	INCOKPORATOR
	(Title of person signing)