P09000099541

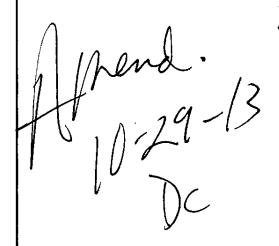
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COVER LETTER

TO: Amendment Section

Division of Corporations

LA FLECHA DE ORO, INC NAME OF CORPORATION: P09000099541 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CELSO AJETE Name of Contact Person Firm/ Company 195 W 25 ST # 16 Address HIALEAH, FL 33010 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FRANCISCO H CRUZ' Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52,50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LA FLECHA DE ORO, INC

(Name of Corporation as currently filed with the Flor	· · · · · · · · · · · · · · · · · · ·
P09000099541	· · · · · · · · · · · · · · · · · · ·
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.)	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	111
	電視 C
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(mining address MATI DENTION OF THE BOX)	
	0.
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida strevi	address)
New Registered Office Address:	Florida
(Ciry)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
	the darming the state of the st
Signature of New Registered Are	ont it 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	PT John Doe	.,	,
X Remove	V Mike Jones		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> Name	: '	<u>Addres</u> s
11) Change			
X Add V	P/S MARISÐL YI	-ARTEAGA	195 W 25 ST #16
X Remove V	P CELSO AJ	ETE	HIALEAH FL 33010
	The second secon		195 W 25 St #16 HIALEAH, FL 33010
X Add T	CELSO AJE		195 W 25 ST #16 HIALEAH FL 33010
Remove	:		
3.) Change	· · · · · · · · · · · · · · · · · · ·		
Add	. •		
Remove	· · · · · · · · · · · · · · · · · · ·		
4) Change	, »		
Add	-		·,
Remove	. "	: .	
5)Change			
Add			
Remove			
6) Change			<u>, , , , , , , , , , , , , , , , , , , </u>
Add .	en e		
Remov <i>e</i>			

ttach additional shee	g additional Arti ets, if necessary).	(Be specific)			
			/-		
		N,	/A		
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<u> </u>					
an amendment pro	ovides for an excl	nange, reclass	ification, or can	cellation of issue	d shares.
orovisions for imple (if not applicable	ementing the ame	ndment if not	contained in th	e amendment its	self:
(ң ноғ аррисат	e, mancare is/A)		N/A		
			N/A		
	_				
					

The date of each amendment(s) adoption: 10/04/2	013	_, if other than the
date this document was signed.		
Effective date if applicable: 10/04/2	013	<u> </u>
(no more than 90 day	ys after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes east for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were su	fileient for approval	
by	,	
(voting group)		
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	hout shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder	
Dated10/04/2013		
Signature Tologo Ajete		
(By a director, president or other officer -		
selected, by an incorporator – if in the ha appointed fiduciary by that fiduciary)	inds of a receiver, trustee, or other court	
appointed inductary by that inductary)		
CELSO AJETE		
(Typed or print	ed name of person signing)	
TREASURER		
(Title o	of person signing)	