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Amera & N.C.

C.COULLIETTE

SEP 27 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

		₩.	
NAME OF CORI	PORATION: CAPELLAN	N ACEVEDO INVESTMEN	T GROUP COR
DOCUMENT NU	JMBER:	P'10000022123	·
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
		A RACHEL CAPELLAN	
		EDO INVESTMENT GROUP CO	ORP
	661 JAM	MESTOWN BLVD # 1086	
		NTE SPRINGS FL 32714 ity/ State and Zip Code	
	Sbli04 E-mail address: (to be used	l@hotmail.com d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
HULDA RACHEL CAPELLAN Name of Contact Person		at (407)48 Area Code & Daytime Tele	34-5564
		nade payable to the Florida Depart	
☑ \$35 Filing Fee	\$43.75 Filing Fee & 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		Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

CAPELLAN ACEVEDO INVESTMENT GROUP CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

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(Document N	Number of Corporat	ion (if known)		
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		tes, this <i>Florida I</i>	Profit Corporation a	dopts the follow
A. If amending name, enter the new name	e of the corporatio	on:		
CAPELLAN IN	NVESTMENT G	ROUP CORP		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	Corp," "Inc," or "	Co". A professiona	
B. Enter new principal office address, if a	applicable:			<u></u>
(Principal office address <u>MUST BE A STR</u>				-
C. Enter new mailing address, if applical		N/A		SECRETARY VISION OF CO.
(Mailing address MAY BE A POST OF D. If amending the registered agent and/o		N/A	la, enter the name o	TARY OF STATE CORPORATIONS
new registered agent and/or the new re			in, once the mane o	<u>,, , , , , , , , , , , , , , , , , , ,</u>
Name of New Registered Agent:				
	N/A			
New Registered Office Address:	(Flor	ida street address)		
			, Florida	
	(City)	i	(Zip Code)	
New Registered Agent's Signature, if char I hereby accept the appointment as registere			pt the obligations of	the position.
		N/A		-
-	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)

<u>Title</u>	Name	• Address	Type of Action
<u>VP</u>	ACEVEDO MARITZA	627 JAMESTOWN BLVD #2211 ALTAMONTE SPRINGS FL 327	
			☐ Add ☐ Remove
			Add Remove
(attach a	dditional sheets, if necessary). (Be	e specific)	
N/A			
<u>provisi</u>		ge, reclassification, or cancellation of iss ent if not contained in the amendment i	
		· · · · · · · · · · · · · · · · · · ·	
N/A			

Thé date of each amendment(s) adoption: 09/01/2010				
Effective date <u>if applicable</u> :	09/01/2010	(date of adoption is required)		
incense date in appreciable.		0 days after amendment file date)		
		•		
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)		
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.		
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):		
"The number of votes	cast for the amend	dment(s) was/were sufficient for approval		
by		.,,,		
	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the	board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	re adopted by the	incorporators without shareholder action and shareholder		
Dated_09/0	1/2010			
Signature X	Shila	1a. R. Capellan		
· · · · · · · · · · · · · · · · · · ·	•	ent or other officer – if directors or officers have not been		
	ected, by an incorp ointed fiduciary b	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)		
		<i>y</i>		
	F	HULDA RACHEL CAPELLAN		
		ped or printed name of person signing)		
		CEO		
	(Title of	person signing)		