P100000027047

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BECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TAO 507N,	INC.
DOCUMENT NUMBER: P1000002704	7
The enclosed Articles of Amendment and fee are sub	
Please return all correspondence concerning this matt	ter to the following:
ILEANA D. VILLA	RROEL
	Name of Contact Person
	Firm/ Company
12025 SW 114 PL	_ACE
	Address
MIAMI, FL 33176	
	City/ State and Zip Code
IVILLARROEL@ME.0	COM
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	e call:
	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$\square \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

TAO 507N, INC.		***************************************
(Name of Corporation as P10000027047	currently filed with the Florida Dept. of S	<u>(tate)</u>
·	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Co</i>	prporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
		Thenew
	tain the word "corporation," "company," ation "Corp," "Inc," or "Co". A professi tion," or the abbreviation "P.A"	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		
D. If amending the registered agent an new registered agent and/or the nev	d/or registered office address in Florida, e v registered office address:	nter the name of the
Name of New Registered Agent	RAUL G. MENDOZA, P.A.	
	2600 DOUGLAS ROAD, UN	IIT 400
	(Florida street address)	
	CORAL GABLES	, Florida 33134
New Registered Office Address:	OOT VIL ONDELO	, 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.

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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSTD	JOSE A. OJEDA	11215 SW 88 STREET
Add			UNIT B-214
X Remove			MIAMI, FL 33176
2) Change	PSTD	ILEANA D. VILLARROEL	12025 SW 114 PLACE
X Add			MIAMI, FLORIDA 33176
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

Attach <i>additi</i>	or adding additional Artional sheets, if necessary).	(Be specific)			
					
	·				
<u>f an amend</u>	nent provides for an exch	ange, reclassifica	tion, or cancellati	on of issued share	es,
(if not c	or implementing the ame pplicable, indicate N/A)	nament n not con	tained in the ame	nament itsen:	

The date of each amendment(s) adoption:
The date of each amendoicady subpass.
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after assertances) the sector
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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" (voiling group)
(voling 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 03-13-2013
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 figuciary)
(Typed or printed name of person signing)
President.
(Title of person signing)