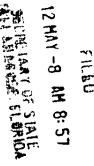
P1000032102

. (Re	equestor's Name)	
(Ac	ddress)	<u> </u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	nly



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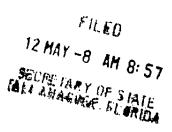
COVER LETTER

TO: Amendment Section Division of Corporations

	S OF TAMPA II	NC
DOCUMENT NUMBER: P1000003210	2	
The enclosed Articles of Amendment and fee are sul	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
<u></u>	Name of Contact Persor	l
DC ACCOUNTIN	G SERVICES P	Α
	Firm/ Company	
24156 STATE RE	54 STE 1	
	Address	
LUTZ FL 33559		
	City/ State and Zip Code	Manl
DCRUZ@DCACCOL	JNTINGPA.CON	n MwB
E-mail address: (to be us	ed for future annual report	notification)
		949-00
For further information concerning this matter, pleas	e call:	
DAVID CRUZ	_{at (} 813	345-8503
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 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	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

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



VERSALLES OF TAMPA	INC			
(Name of Corporation as	currently filed with the Flor	rida Dept. of State)		
P10000032102		•		
(Document	Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Flo	orida Profit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new name	me of the corporation:			
				The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	ition "Corp," "Inc," or "Co	". A professional corpo		breviation
B. Enter new principal office address, it (Principal office address <u>MUST BE A ST</u>				
				
C. Enter new mailing address, if applic				
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX			
			-	
D. If amending the registered agent and	l/or registered office addres	s in Florida, enter the n	ame of the	
new registered agent and/or the new				
Name of New Registered Agent	JOHANNA JIMEN	{EZ		
	4366 HAR PAUL	CIRCLE		
•	(Florida street	•	_	
New Registered Office Address:	TAMPA	. Floric	_{la} 33614	
	(City)	,	(Zip Code)	
Non-Barlaton I Aran Da Claura and If I				
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		r h and accept the obligation	ons of the position.	
	Shank or	m		
Sign	nature of New Registered Age	ent of changing	_	
		-, 00		

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	EUGENIO LEDESMA	8102 SHELDON RD #1904 TAMPA FL 33615
2) Change Add Remove	Р	JOHANNA JIMENEZ	4366 HAR PAUL CIRCLE TAMPA FL 33614
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	•
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9	
	
	· · · · · · · · · · · · · · · · · · ·
	

The date of each amendment	t(s) adoption: 05/04/2012
Effective date <u>if applicable:</u>	05/04/2012
эпесиче часе <u>и аррисавие</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required. The amendment(s) was/wer	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
action was not required.	
David 05/9	04/2012
	20
Signature	By a director, president or other officer – if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court
ар	ppointed fiduciary by that fiduciary)
	EUGENIO LEDESMA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)