(Re	questor's Name)	
(Ad	dress)	
· · · · · · · · · · · · · · · · · · ·	-1	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





400274806524

07/27/15--01002--010 **210.00

JUL 28 2015

D CONNELL



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME	,	(DOCUMENT #)			
2. (CORPORATE NAME)	(DOCUMENT#)			
3. (CORPORATE NAME)	(DOCUMENT #)			
☐ Walk-In 🖠	Pick up time: Certified Co	py Certificate Of Status			
Walk-In New Filings Profit	Pick up time: Certified Co Amendments Amendments	py Certificate Of Status Other Fillings Annual Report			
New/Filings	/Amendments	Otherafillings			
New/Filings Profit Non-Profit	Amendments Amendments	Other Fillings Annual Report			
-New-Filings - A	Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name			

Examiners Initials

Articles of Amendment Articles of Incorporation of

HEBERTO CORP.			
(Name	of Corporation as curre	ntly filed with the Florida Dept.	of State)
P10000049594			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
	·		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	nation "Corp," "Inc," or	"Co". A professional corporal	
B. Enter new principal office address, (Principal office address MUST BE A S			<u> </u>
			FILE SOR
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		2333 BRICKELL AVE	Ma Z D
		1517	9: 21 STAT
		MIAMI, FL 33129	5m 6
D. If amending the registered agent ar			e of the
new registered agent and/or the ne	w registered office addre	<u> </u>	
Name of New Registered Agent	CHANGE OF ADDRES	SS	
	2333 BRICKELL AVE	NUE 1517	
	(Florida	street address)	
New Registered Office Address:	MIAMI		Florida 33129
		(City)	(Zıp Code)

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.

Tavica OperAlaria
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)

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 Doe				
\underline{X} Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
I) X Change	PS		CHANGE OF ADDRESS	2333 BRICKELL AVENUE		
Add				1517		
Remove				MIAMI, FL 33129		
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_		-		
Add						
Remove						
6) Change		_				
Add			_			
Remove						

Attach	additional sh	ing additional . neets, if necessar	ירִי). (Be spec	ific)			
							
				····			
					·		
	<u> </u>						
			.				
						·	
					-		
							
fan an	nendment pr	rovides for an e	exchange, recl.	assification, o	r cancellation o	of issued shares	3,
provisi	ions for impl	lementing the a ple. indicate N/A	amendment if	not contained	in the amendn	nent itself:	_
(9	ног аррисао	ie. mateme wa	1)				
			,		<u> </u>		
						, , ,	
						 	
							<u> </u>

07/24/2015	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90	days after amendment file date)
Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	ple statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The noby the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to the proper entitled to the proper entitled to the proper entitled to the proper entitled to t	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	.,
(voting group)	
The amendment(s) was/were adopted by the board of directors was not required	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators withou action was not required.	at shareholder action and shareholder
07/24/2015 Dated	
appointed fiduciary by that fiduciary)	nands of a receiver, trustee, or other court
TANIA DE LA CARIDAD CA	
(Typed or printed na	me of person signing)
PRESIDENT	
(Title of	person signing)