P1000051393

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12 AUG 17 PH 12: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

Aug 2 1 2012 T. CAULEY

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Aguilar Floor

DOCUMENT NUMBER: P100000 5 1393 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

Aguilar Firm/ Company 32810 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: . Q quelar at (407) 486-4991

Name of Contact Person Area Code & Daytime Telephone Number Englosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is 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

FILED SECRETARY OF STATE TALLAMASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

12 AUG 17 PH 12: 55

(Name of Corporation as currently filed with the Flor	Dre
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P100000 51393	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the second statutes of the second statutes	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	1
(Mailing address MAY BE A POST OFFICE BOX)	N/A
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 NA	
NA	address)
New Registered Office Address: New A	, Florida(Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	
Signature of New Registered Ag	ent, 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		•
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	5	Harvey mo	179012 2814 T	ama rack Trail
Add Remove			3270 ²	>
2) Change	S_	Luis omar	RUSZ COHTO 790 Ke	nnedy Cir 2028
Add			Orlando,	F-1
Remove			3281D	
3) Change				
Add				
Remove				
4) Change				
Add				<u> </u>
Remove				
5) Change				
Add		•		
Remove				
6) Change				
Add				
Remove				

ach ada	litional sheets, if necessary).	(Be specific)
ىم	IA	
		
		
		<u> </u>
		
	 	
	-	
		hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
if no	s for implementing the anic t applicable, indicate N/A)	nument if not contained in the amendment user:
	- '	., .
<u> </u>	Aguilar 50 S	NAVE 2
	o Hernandez	
١S	Omar Rusa co	0+to 25

The date of each amendment(s) adoption	n: 8/15/12
Effective date if applicable:	8/15/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) it for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
	amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder
Dated8 1.5	112
Signature	
selected, by a	, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)
· · · · · ·	Jose Aguilar (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Presiden+
	(Title of person signing)