## P10000012

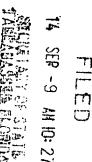
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SEP 1 6 2014

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LAS BRIS ER: P100000604	SAS DE TAME 182	PA INC
	of Amendment and fee are sul		
Please return all corres	pondence concerning this mat	ter to the following:	
	MAGALY GON	IZALEZ	
•	M&M ACCOUN	Name of Contact Person	
	5370 PALM A\	Firm/ Company /E STE 9	
	HIALEAH FL 3	Address 3012	
GC	NZALEZ1948 (E-mail address: (to be us	City/ State and Zip Code  OYAHOO.CO  ed for future annual report	M
For further information	concerning this matter, pleas	se call:	
MAGALY O	ONZALEZ	at(305	557 1662
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made [	payable to the Florida Depa	artment of State:
■ \$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)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

FILED

14 SEP -9 AN 10: 27

## LAS BRISAS DE TAMPA INC

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

(Document	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Florida Profit Corporation adopts the following a	mendmen
A. If amending name, enter the new name	me of the corporation:		
N/A			he new
	ation "Corp," "Inc," or "C	," "company," or "incorporated" or the abbr Co". A professional corporation name must con P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		13505 NW 42ND AVE	
		OPALOCKA FL 33054	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13505 NW 42ND AVE	
		OPALOCKA FL 33054	
			.1 :
D. If amending the registered agent and new registered agent and/or the new			
	AMAURY DE JES		
	11003 W OKEECHO	BEE RD APT 201	•
	(Florida stre	et address)	
New Registered Office Address:	HIALEAH	, Florida FL 33018	
	(City)	(Zip Code)	
New Registered Agent's Signature, if ch	anging Registered Agent:		
I hereby accept the appointment as registe	ered agent. I afn familiar w	ith and accept the obligations of the position.	
Sig	nature of New Registered Ag	gent, 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	AMAURY J COMPTIS	11003 W OKEECHOBEE R
Add			HIALEAH GARDENS FL
Remove			33018
2) Change	P	AMAURY DE JESUS COMPTIS	11003 W OKEECHOBEE R
Add			HIALEAH GARDENS FL
Remove			33018
3) Change			
Add			
Remove			
4) Change			4, - <sup>E</sup> þ
Add			<i>i</i> 1,
Remove			
5) Change			er man est
Add			· 31.
Remove			
6) Change		_	
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
1/A	
	<u></u>
•	
and a garger	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y not applicable, maicate 1971)	

The date of each amendment(s) adoption: 09/03/2014	, if other than the
date this document was signed.	
Effective date if applicable: 09/03/2014	
(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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"  (voting group)	
(voting 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 09/03/2014	
$(\Lambda, (\Lambda_{n}) \lambda)$	
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 fiduciary)	
AMAURY DE JESUS COMPTIS	
(Typed or printed name of person signing)	_
PRESIDENT-DIRECTOR	
(Title of person signing)	<del></del>