P/100001/558

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | o #0 |
| (Cr | ty/State/Zip/Pnon | е #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nai | me) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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Amus



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: | SALUD VERDE SERVICES CORF | <u> </u> | |
|--------------------------|--|---|---|--|
| DOCUMENT NU | MBER: | P11000011558 | | |
| The enclosed Artic | les of Amendment and | fee are submitted for filing. | | |
| Please return all co | rrespondence concernir | ng this matter to the following: | | |
| <u>-</u> | iN | GRID L ONZAGA ZEPEDA | | |
| | | Name of Contact Person | | |
| _ | SALU | JD VERDE SERVICES CORP | | |
| | | Firm/ Company | | |
| _ | | 6601 COCONUT DRIVE | | |
| | | Address | | |
| | | | | |
| · _ | | MIRAMAR, FL .33023 | | |
| | | City/ State and Zip Code | | |
| | LUL | LU@BERMARY.COM | | |
| | E-mail address: (to b | LU@BERMARY.COM be used for future annual report notification) | • | |
| For further informa | tion concerning this ma | itter, please call: | | |
| LOU | IRDES BALLINA | at (305) 227-2120 | | |
| | of Contact Person | Area Code & Daytime Telephone Nu | | |
| Enclosed is a check | for the following amou | unt made payable to the Florida Department of | State: | |
| ☑ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | Certified Copy Certif (Additional copy is enclosed) Certif | 0 Filing Fee Teate of Status Ted Copy tional Copy is enclosed) | |
| Mailing Ad | dress | Street Address | | |
| Amendment Section | | Amendment Section | | |
| Division of Corporations | | Division of Corporations | • | |
| P.O. Box 63 | | | Clifton Building | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of

| F/1 | ED | |
|-----------|----------|--|
| 11 SEP -6 | PM 2: 20 | |
| 3:113mm | . c. Ja | |

SALUD VERDE SERVICES CONT

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

TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known)

| Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation: | tes, this Florida Profit Corporation adopts the follo |
|--|---|
| A. If amending name, enter the new name of the corporation | on: |
| · | The new |
| name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associated to the contain the word "corp abbreviation" and the contain the word "corp abbreviation" and the contain the word "corp abbreviation" are contained to the contain the word "corp abbreviation" are contained to the con | "orp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 6601 COCONUT DRIVE |
| (Frincipal Office address MOST BE A STREET ADDRESS) | MIRAMAR, FL |
| | 33023 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 6601 COCONUT DRIVE |
| | MIRAMAR, FL 33023 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad- | address in Florida, enter the name of the |
| Name of New Registered Agent: INGRID L OI | NZAGA ZEPEDA |
| 6601 COCO | |
| · · · · · · · · · · · · · · · · · · · | ida street address). |
| MIRAMAR (City) | , Florida <u>33023</u> (Zip Code) |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam. | gent: |
| 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)

٧

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|---|----------------|
| V-P/DII | DALIA SIERRA LOHUIZ | 12530 NW 11 TRAIL MIAMI, FL 33182 | |
| DIR | DIDIEL QUEVEDO SUARE | 12530 NW 11 TRAIL MIAMI, FL 33182 | Remove |
| | | | |
| | ing or adding additional Articles, ente ditional sheets, if necessary). (Be spec | | |
| | | | |
| | | | |
| | | | |
| provisio | endment provides for an exchange, rens for implementing the amendment if applicable, indicate N/A) | | |
| | | · | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: JUNE 1, 2011 |
|--|---|
| Effective date <u>if applicable</u> : | JUNE 1, 2011 (date of adoption is required) |
| - 1 | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement and 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/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated_AUC | GUST 30, 2011 |
| sele | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | INGRID L ONZAGA ZEPEDA |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| • | (Title of person signing) |