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COVER LETTER

TO: Amendment Section Division of Corporations Puente Investments of South Florida, Inc DOCUMENT NUMBER: P11000011733 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph R. Colletti Name of Contact Person Joseph R. Colletti, P.A. Firm/ Company 4770 Biscayne Boulevard, Suite 630 Address Miami, FL 33137 City/ State and Zip Code fernandopuente@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph R. Colletti Name of Contact Person Enclosed 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Puente Investments of South Florida, Inc

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

P11000011733

mendment(s) to

(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	8180 NW 36 Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Unit 406
	Doral, FL 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8180 NW 36 Street
	Unit 406
	Doral, FL 33166
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	\sim 1
Name of New Registered Agent CRNADO	•
8180 NW 36 St	
Dorol	22166
(City	
New Registered Office Address: Doral	reet address), Florida 33166 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent, I am familia	with and accept the obligations of the position.

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 <math>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>	<u>Addres</u> s
1) Change Add Remove	PSTD	Fernando A Puente	18181 NE 31 Court, Apt 1503 Aventura, FL 33160
2) Change	PSTD	Fernando A Puente	8180 NW 36 Street, Unit 406 Doral, FL 33166
3) Change Add Remove	<u> </u>	<u> </u>	
4) Change Add Remove	·		
5) Change Add Remove		.	
6) Change Add Remove		÷	

attach additional sheets, if necessar	Articles, enter ch y). (Be specific)		
	<u> </u>			
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	<u> </u>		<u> </u>	
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<u> </u>		<u> </u>		
				
If an amendment provides for an e provisions for implementing the a	xchange, reclass mendment if no	ification, or canc t contained in the	ellation of issued s amendment itself:	hares,
(if not applicable, indicate N/A)			
		· · ·		
			•	_

The date of each amendment(s) ad	option: 4/10/12
Effective date <u>if applicable</u> :	
	(no more than 90) days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	,,
,	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated	4/10/12
Signature Signature	rector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	FERNANDO A PUENTE
-	(Typed of printed name of person signing)
	President & mark ful hark
-	(Title of person signing)